

**CALLING**  
**ALL**  
**ART**  
**EXPLORERS**



**For**  
**CREATION ARTS**  
**CAMP 2025**  
**AT CAMP SUWANNEE**

**Who:**

**Children**  
**Ages**  
**6 - 11**

**When:**

**June 9-13**  
**8:30am-3:30pm**  
Doors will open at  
**8:00am**  
**Art Show**  
**Friday, June 13**  
**7:00pm**

**Where:**

**Camp Suwannee**  
**Campground**  
At Advent Christian Village  
Dowling Park, Florida  
  
Sponsored by  
The Village Church

**What:**

Young art explorers are given a place where they can explore how to use the gifts God has given them. They will have an opportunity to engage their imaginations while developing their art skills, learn new artistic techniques, and expand their artistic knowledge.

**Registration:**

**Open Now**

**Questions:**

**Traci at 386-658-5344**

**Email:**

**[tnissley@acvillage.net](mailto:tnissley@acvillage.net)**

**Cost:**

**Tuition Free**  
**Bring Your**  
**Own Lunch**

**Snacks will be provided.**

# Creations Art Camp 2025

The Village Church at Camp Suwannee

June 9-13; 8:30am – 3:30am; Doors open at 8:00am

Contact: Traci Nissley 386-658-5344 or [tnissley@acvillage.net](mailto:tnissley@acvillage.net)

Applications may be emailed to Traci Nissley  
or mailed to The Village Church P.O. Box 4314 Dowling Park, FL 32064

CHILD'S NAME \_\_\_\_\_

GRADE COMPLETED \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

PEOPLE WHO MAY PICK UP THE CHILD \_\_\_\_\_

CAC leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this camp.

PARENT NAME (PLEASE PRINT) \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

PLEASE NUMBER THE CLASSES FOR EACH PERIOD IN THE ORDER OF CHILD'S PREFERENCE.

"1" BEING MOST PREFERRED. THE CLASS DESCRIPTIONS ARE ON THE BACK OF THIS PAGE.

WE WILL DO OUR BEST TO PLACE YOUR CHILD IN THEIR PREFERENCE.

## Example

  4   Art Class A

  2   Art Class B

  1   Art Class C

  3   Art Class D

## Class 1 (8:35-9:25)

\_\_\_\_\_ Painting

\_\_\_\_\_ Arts & Crafts

\_\_\_\_\_ Ukulele (2<sup>nd</sup>-5<sup>th</sup>)

## Class 2 (9:30-10:20)

\_\_\_\_\_ Culinary (3<sup>rd</sup>-5<sup>th</sup>)

\_\_\_\_\_ Woodworking (K5-2<sup>nd</sup>)

\_\_\_\_\_ Creation Art

## Class 3(12:05-12:55)

\_\_\_\_\_ Culinary (K5-2<sup>nd</sup>)

\_\_\_\_\_ Woodworking (3<sup>rd</sup>-5<sup>th</sup>)

\_\_\_\_\_ Bubbles Art

\_\_\_\_\_ Sculpting Art

## Class 4 (1:00-1:50)

\_\_\_\_\_ Worship Dance/Flags

\_\_\_\_\_ Yarn Art

\_\_\_\_\_ Rock Painting

\_\_\_\_\_ Wearable Painting

## Class 5 (2:15-3:05)

\_\_\_\_\_ Gardening

\_\_\_\_\_ Recycled Art

## Class Descriptions

**Arts & Crafts:** Children will explore a wide range of creative activities that are related to making things, objects, and showpiece items. They will use a variety of mediums to create textile, paper, decorative, and functional crafts.

**Bubbles:** Learn how to make your own bubbles and bubble wands. Create art with bubbles.

**Creation Art:** Art projects based on the 7 days God created the Heavens and Earth.

**Culinary:** Explore the world of food.

**Gardening:** Learn and grow through gardening.

**Painting:** Explore the world of painting. We will paint on canvas and ceramics with different styles and techniques. We will paint with acrylics, watercolors, and homemade paint.

**Recycled Art:** All art projects are made from recycled materials.

**Rock Painting:** Paint river rocks for your garden, room decorations, and for gifts.

**Sculpting Art:** All art projects are sculpted. Clay, Homemade Playdough, Sticks, Pipe cleaners, Etc.

**String Art:** All art is created with string or by string.

**Ukulele:** This class will introduce kids to playing ukulele in a group setting. Through musical games, movement, and singing, we'll develop our musicianship skills together. We'll work on chords and strumming and learn a few songs that are great for beginners.

**Wearable Art:** All art projects can be worn or used as an accessory.

**Woodworking:** Students will learn about wood as a material, proper and safe use of hand tools, and will make fun, high-quality projects to take home.

**Worship Dance/Flags:** Learn ways to worship God through dance, flags, and ribbons.

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

**Health Information**

In case of emergency notify _____	HomePhone ( ____ ) ____ - _____
Relationship to camper _____	Work Phone ( ____ ) ____ - _____
Personal Physician _____	Phone ( ____ ) ____ - _____
Insurance Company _____	Policy # _____
Insurance Company Address _____	
List all medications required on a regular basis _____	
Allergies/Physical Restrictions _____	

If this camper has any medical or physical limitations that could restrict them from participating in any camp activities, an affidavit, signed by the camper's physician, must accompany this application in order for the camper to participate in any camp activities that could affect the campers physical condition.

**For Medical Treatment:** I understand that the Camp Director for the week is serving as the guardian of my child while attending camp and has my permission and support to act on my behalf. By signing below, I agree to hold the Florida Conference of Advent Christian Churches (FLCACC) or any employee or volunteers of said organization, harmless for any accidental injury to my child while participating in any and all camp programs. I also agree to hold them harmless if my child tests positive for COVID 19 after attending camp. I authorize the Camp Director for the week and/or weekly staff to consent to any and all x-rays, examinations, anesthetic, medical or surgical treatment and hospital care (including, but not limited to, intravenous solutions and/or blood transfusions), to be rendered to my child under general and specific supervision and of the advice of any physician or surgeon licensed to practice in the United States of America. I also agree to be financially responsible for any and all medical and/or surgical procedures rendered to my child. **I understand that my child must undergo a health check by the Camp Nurse before registration, and if anything of concern is found, options will be discussed before being allowed to proceed to registration.** I also understand that photographs of my child may be taken during camp and I give my permission for my child's photograph to be used in Camp Suwannee promotional material.

<b>ALL APPLICATIONS MUST BE SIGNED BY THE</b> Parent/Guardian
Print Name: _____
Signature: _____ Date _____

**MEDICAL INSURANCE INFORMATION: Please attach a copy of your insurance card to the back of this form. Copy both sides of the card so information is readable.**

Is this camper covered by family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No  
Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_

Some non-prescription medications may be stocked in the camp's Nurses Station and may be given to campers on as needed basis to manage illness and injury. *List any medications the camper should not be given (ie. Tylenol, Advil, Motrin, Sudafed, Robitussin, cough drops, Aloe Antibiotic cream, Kaopectate, Pepto-Bismol, Calamine lotion, etc.)* \_\_\_\_\_

**MEDICATION**

\_\_\_\_\_ This camper will **NOT** take any daily medications while attending camp.

\_\_\_\_\_ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

**\*\*\*Florida law requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. \*\*\***

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

**General Health Information: Please fill out to the best of your ability**

(Please circle all items that apply, past or present, to your health history. Explain all "Yes" answers.)

- |   |        |                                      |        |
|---|--------|--------------------------------------|--------|
| 1. Back Problems  | YES NO | 14. Problems w/diarrhea/constipation | YES NO |
| 2. Heart Disease  | YES NO | 15. High Blood Pressure              | YES NO |
| 3. Contacts/glasses   | YES NO | 16. History of Asthma?               | YES NO |
| 4. Convulsions/Seizures   | YES NO | 17. History of ADD or ADHD           | YES NO |
| 5. Diabetes   | YES NO | 18. History of Cancer/Leukemia?      | YES NO |
| 6. Diagnosed with a heart murmur?   | YES NO | 19. Kidney Disease                   | YES NO |
| 7. Ear infections   | YES NO | 20. Menstrual Cramps                 | YES NO |
| 8. Joint Problems (knees, ankles etc.)  | YES NO | 21. Migraine Headaches               | YES NO |
| 9. Emotional disturbances   | YES NO | 22. Motion sickness                  | YES NO |
| 10. Ever had a head injury  | YES NO | 23. Fainting or Dizziness?           | YES NO |
| 11. Ever been hospitalized?   | YES NO | 24. Nose bleeding                    | YES NO |
| 12. Ever had surgery  | YES NO | 25. Tested positive for COVID 19     | YES NO |
| 13. Hearing impairment  | YES NO | 26. Had symptoms for COVID 19        | YES NO |
|   |        |                                      |        |
| 27. Skin problems (rash, itching etc.) .....                                  | YES NO |                                      |        |
| 28. Chronic or recurring illness/condition? .....                             | YES NO |                                      |        |
| 29. Recent injury, illness or infectious disease? (within last 6 months)..... | YES NO |                                      |        |
| 30. Had mononucleosis in the past 12 months? .....                            | YES NO |                                      |        |
| 31. Hemophilia or other Bleeding Disorder? .....                              | YES NO |                                      |        |
| 32. Other medical history not specified? .....                                | YES NO |                                      |        |
| 33. Traveled outside of the United States in the past 9 months? .....         | YES NO |                                      |        |

**Please explain "Yes" answers in the space below**, noting the number of the questions:

\_\_\_\_\_

\_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ (MM/DD/YYYY)

**MENTAL, SOCIAL, EMOTIONAL HEALTH: Circle or Check "Yes" or "No" for each statement.**

Has/Does the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes/No
2. Take medication for ADD or AD/HD during the school year that the camper does not/may not take during the summer? Yes/No
3. Take medication for ADD or AD/HD during the summer? Yes/No
4. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes/No
5. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes/No
6. Had a significant life event that continues to affect the camper's life? Yes/No  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)

**Please explain "Yes" answers on the lines below**, noting the number of the question. The camp may contact you for additional information. \_\_\_\_\_