

New Life Bible Church
Kidzone Day Camp 2026

at New Life Bible Church

July 29-30

9am-4pm each day

Grades 2nd through 6th

Cost $25 (due with registration)

***Please fill-out our mandatory registration form online at*: https://newlifebible.church/kidzone-events/kzcamp2026**

New Life Bible Church

PO Box 7 ~ Winnebago, IL 61088
(815)335-1405 www.newlifebible.church

Dear Parents of Kidzone Day Camp Campers,

We are so excited about Kidzone Day Camp 2026!!

Our theme this year is “All for Good” based upon Romans 8:28 that states,“And we know that in all things God works for the good of those who love him, who have been called according to his purpose." We will teach biblical lessons that encourage the students in their faith, and that God can use all things, even the hard things in life for good.

Kidzone Camp will be held at New Life Bible Church in Pecatonica, IL! We will have lunch provided, engaging Bible lessons each day, worship songs with dancing, crafts, games, and an amazing time with friends!

Camp will be from **9am-4pm** (lunch and snacks provided)

The medication form and asthma action plan is only needed if your child has asthma or takes medication. The medication form is needed for all medications that your child brings, including over the counter medications. Those forms can be given to the camp directors when you drop off your child at camp. Please Contact Mia Spickler to receive these forms.

We are very excited about our day camp this year!

Camper's Medication Form

If your child needs medication at camp, please turn this form in to the Camp Staff by July 29th at drop off.
If your child has asthma, please fill out the back for Camper's Asthma Action Plan

Camper's Name: _____ Gender: Male ___ Female ___

Date of Birth: _____ Age: _____ Allergies: _____

Camper's Medical History/Concerns/ Disabilities or dietary restrictions: (Use separate sheet if needed)

_____

_____

Medication (Please fill out for all prescription or over the counter medications)

1. Name of Medication: _____Dosage (mg) _____

What is it given for: _____

When should it be given: _____

Special instructions for administration (include any reasons to not give the medication or side effects to watch for):

_____

2. Name of Medication: _____Dosage (mg) _____

What is it given for: _____

When should it be given: _____

Special instructions: _____

(include additional medications on separate form)

Camper's Doctor: _____Phone:_____

MEDICATION POLICY

The camp staff cannot give medication to the camper unless:

1. Medication is in the original container in which it was purchased. This includes prescription, over the counter, vitamins, or any other pills/liquid medications.
2. Prescription medication comes with a pharmacy label attached.
3. Camper's Name is clearly marked on all containers
4. Dosage of Medication (mg) is marked on all medications.

Pills that arrive unmarked, in plastic bags, pillboxes, etc. are NOT acceptable and will not be given. It is the camper's responsibility to go to staff for medication. Reminders will be given. All medications (prescription or non-prescription) must be kept by staff.

Print Parent's Name: _____ Phone 1_____ Phone 2 _____

Parent's Signature:_____ Date: _____

USUAL ASTHMA ACTION PLAN

Please indicate the usual signs of your child's asthma:

Wheeze _____

Tightness in Chest _____

Coughing _____

Difficulty Breathing _____

Difficulty Speaking _____

Other (please describe)

Worsening signs of student's asthma
Increased signs of:

Wheeze _____

Tightness in Chest _____

Coughing _____

Difficulty Breathing _____

Difficulty Speaking _____

Other (please describe)

What triggers the student's asthma?

Exercise _____

Cold/Viruses _____

Pollens _____

Dust _____

Smoke _____

Weather changes _____

Other triggers (please describe)

Does your child need assistance taking their medication? Yes No If yes, how? _____
Should the inhaler remain: with your child at all times or in staff's care (Circle One)
Any other information that will assist with the asthma management of the student while at camp?

_____

_____

Medication Requirements:
(including medication before exercise)

Name of Medication	**Method** (puffer and spacer, Turbuhaler, Accuhaler)	**When and how much**

STANDARD ASTHMA FIRST AID PLAN

1. Sit the child down and calmly reassure them Do not leave child alone.
2. Without delay, shake inhaler and give the child inhaler according to prescribed directions.
3. Wait 4 minutes. Contact Camp Director and/or nurse.
4. If there is no improvement, repeat steps 2 & 3.
5. If no improvement after an additional 4 minutes, call an ambulance immediately and state that the student is having breathing difficulties.
6. Repeat steps 2 & 3 while waiting for ambulance.

If at any time student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

Please list any changes to the Standard Asthma First Aid Plan (above) if your child has a different plan:

_____

_____

- Please notify me if my child regularly has asthma symptoms at camp.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack at camp, I agree to my child receiving the treatment described above.
- I authorize camp staff to assist my child with taking asthma medication should they require help
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent/Guardian's signature _____ Date _____

Emergency Contact Numbers: _____

What to Bring/Wear

-Pen and notepad (Bibles for lesson times will be provided)

-Casual Clothes that can get dirty (maybe even paint or tie dye on them)

(please no spaghetti straps, tube tops, or crop tops.)

-Wear tennis shoes for games/activities

-Prescription Medication (if needed) (please keep the original package and fill out a Medication Form. Place it in a zip lock bag with the camper's name clearly written on it.)

-Reusable Water Bottle (Name clearly on it)

What Not To Bring:

- -Cell Phones, electronic games, tablets, radio, smart watches, laptops, iPads, air pods, or other electronic devices are not recommended and are the camper's responsibility. They can not be used during camp and will be taken away if they are seen by camp staff.
- -Toys, stuffed animals, any personal items that could get lost or stolen.
- -No knives, weapons, or anything that could be used as a weapon.
- -No fireworks.
- -No tobacco, drugs, or alcohol.
- -No Bad attitudes.
- -No snacks (lunch and snacks will be provided)

Kidzone Camp is a ministry of New Life Bible Church's Kidzone Children's Ministry.

Kidzone Camp Mission:

Kidzone Camp exists to give kids and extended time away from the hustle and bustle of everyday life where they can meet the three goals of Kidzone:

1. **Love God with all your heart, soul, mind, and strength!**
2. **Love your neighbor as yourself!**
3. **Have fun, be safe, and build relationships with other kids and adults!**

Kidzone Day Camp 2026 will be held at New Life Bible Church.

Location : 2285 N. Hoisington Rd. Pecatonica, IL 61019

Drop Off: Drop off your camper at **New Life Bible Church at 9am each day.**

Pick Up: Pick-up your camper at **New Life Bible Church at 4pm each day.**

Emergency Contacts:

Mia Spickler-Children's Director (469)-733-2722)

Justin Spickler- Lead Pastor (815) 979-0382

New Life Office (815)335-1405

Email mia@newlifebible.church or pastorjustin@newlifebible.church