



**2024 SUMMER SCHEDULE**

Week #1	Grades K-5	June 3-7, 2024
Week #2	Grades 1-6	June 10-14, 2024
Week #3	Grades 1-6	June 24-28, 2024
Week #4	Grades 5-9	July 15-19, 2024
Week #5	Ages 12-18	July 22-26, 2024



**2024 CAMP PINEHILL SUMMER PROGRAM  
REGISTRATION INFORMATION**



**HIS PRESENCE IN THE PINES, HIS SPIRIT IN OUR HEARTS**

# 2024 CAMP PINEHILL REGISTRATION INFORMATION



### STUDENTS' CAMP FEES

S.C. Pee Dee Baptist Association (day camp & overnight) ..... \$200  
 Non-S.C. Pee Dee Baptist Association (day camp & overnight) ..... \$220  
 A \$100 deposit is required with the registration forms. The balance is due on arrival.  
 A \$5.00 late fee will be applied to all campers whose registration form has not been received in the camp office by Friday prior to Monday registration. They will also be assigned to a cabin after pre-registered students have checked in.

### CANCELLATION/REFUND POLICY

Refunds of deposits will be granted up to 10 days prior to arrival date. You must call the Retreat prior to this time to receive a refund. No refunds will be granted after the ten-day limit, but another student may be registered in substitution.

### CANTEEN

A canteen is part of each day. Money for this (use own discretion) will be placed in a camp bank at registration to allow withdrawals. We have 9 canteens each week. All items are \$1.00 (drinks, candy, popcorn, etc.). The canteen also has Pinehill water bottles.

### TELEPHONE CALLS

It is requested that no phone calls be made to the students without the permission of the Director, unless there is an emergency. No social calls are permitted. **\*NO CAMPERS ARE ALLOWED TO HAVE OR USE CELL PHONES\***

### WHAT TO BRING

1. Good attitude and an open heart
2. Bible and journaling notebook
3. Clothes and underclothes for the week
4. Toothbrush, toothpaste, soap, shampoo, hairbrush, washcloth, and towel
5. Pillow, twin sheets, blanket
6. Bathing suit (no 2 piece or speedos during coed swimming)
7. Trash bag or laundry bag for dirty clothes.
8. Tennis shoes for recreation time and the challenge course
9. Baseball gloves for free time, fishing equipment for activity time (fishing gear also available at camp), etc. (optional)



**\*Please put child's name on all items if possible\***



### CHECK-IN AND CHECK-OUT TIMES

Check in between 12:30 pm and 2:00 pm on Monday. **All students that arrive before 12:30 pm will have to be approved by the Director.** Parents are invited to our closing ceremonies on Friday at 11:15 am. Students are free to leave at 12:00 noon. **LUNCH IS NOT SERVED ON FRIDAY.**

### DAY CAMP OPTION

**\*\*Weeks 1 & 2 Only\*\***

	DROP OFF	PICK UP
Mon.	12:30 pm - 2:00 pm	6:00-7:30 pm
Tues.	7:30 - 8:30 am	6:00-7:30 pm
Wed.	7:30 - 8:30 am	6:00-7:30 pm
Thurs.	7:30 - 8:30 am	6:00-7:30 pm
Fri.	7:30 - 8:30 am	12:00 noon -1:00 pm



### STUDENT MAIL

**E-MAIL/MAIL FOR THE STUDENT IS ENCOURAGED.**  
 E-mail: [pinehillcamper@camppinehill.com](mailto:pinehillcamper@camppinehill.com)  
 Please include camper's name and cabin # in the subject line.  
 All mail is printed out at 1pm on Tues., Wed. & Thur. each week.  
**STUDENTS ARE UNABLE TO RESPOND TO E-MAILS.**

### REGULAR MAIL:

Student's Name c/o Camp Pinehill  
 2096 Baptist Road • Bennettsville, SC 29512

### SHARING WITH YOUR CHILD

When your child returns home from Camp and gets some rest, it is important to ask if any Spiritual decisions were made. Please feel free to share with the Director any comments (good or bad) pertaining to the Camp. You may send these comments to the Camp address or call the Camp. Questions or concerns? Call Donald Foreman at 843-479-9681 or email him at [donald@camppinehill.org](mailto:donald@camppinehill.org).

### NOT ALLOWED IN CAMP

1. **\*\*\*NO CELL PHONES\*\*\***
2. I-Pods, CD players, MP3's, etc.
3. Electronic games (PSP, DS, etc.)
4. Tobacco Products
5. Alcohol
6. Guns, knives, or any weapon
7. Profanity
8. Inappropriate Clothing (as deemed by director)



# 2024 CAMP PINEHILL REGISTRATION AND RELEASE FORM

Week Desired 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_  Please check if for Day Camp Only

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ **Shirt Size: Circle One** Youth: S M L Adult: S M L XL Other: \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ LAST GRADE ATTENDED IN SCHOOL \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Additional Contact Person \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Pre-existing medical condition or present medical condition \_\_\_\_\_

**Does the camp staff have permission to administer Tylenol, Motrin, Pepto Bismol, or Benadryl to your child while he/she is at Camp?**  Yes  No \_\_\_\_\_

Name and dosage of any additional medication to be administered at Camp \_\_\_\_\_

Any Allergies? \_\_\_\_\_ Medication Allergies? \_\_\_\_\_

Any swimming restrictions? \_\_\_\_\_ What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ What? \_\_\_\_\_

**If Possible Please Room With:** \_\_\_\_\_

### PARENT OR GUARDIAN RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the dates shown on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order injection, anesthesia, or surgery for my child if deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Pinehill Baptist Retreat through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Pinehill Baptist Retreat and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Pinehill Baptist Retreat, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I consent to the use of video, photographs, audio recording, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as Pinehill Baptist Retreat sees fit.

I have reviewed the information about the summer program of Pinehill Baptist Retreat and give my permission for the subject of this release to be involved in the overall activities.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR RETREAT USE ONLY:		VISA	MasterCard	Discover
S.C. Pee Dee Associational Member.....	\$200.00	Amount Due _____	Amount Paid _____	Check # _____
Non-S.C. Pee Dee Associational Member.....	\$220.00	Balance Due _____	Check# _____	Cash _____
<b>*Day Camp and Overnight Camp are the same price.</b>		Canteen Paid _____		

\$5.00 convenience fee for each registration form paid by debit or credit card.  
 Please mail the completed Registration form with a \$100.00 deposit to:  
 Camp Pinehill, 2096 Baptist Road • Bennettsville, SC 29512.  
 For additional registration forms or to register online, go to : [www.camppinehill.org](http://www.camppinehill.org)  
**We accept VISA, MASTERCARD and DISCOVER cards.**

Scan the QR code to the right with your phone to register online.

