

# PK / MK RETREAT 2018

## CHILDREN'S TRACK: GRADES 2-6

We are so glad to announce that it is again time to register for the annual PK/MK (*Pastors' & Missionaries' Kids*) RETREATS! We are offering two special retreats for our District PK's and MK's – one for those currently enrolled in grades seven through twelve, and one for those in grades two through six! Both retreats will meet at the same time at the Bongiorno Conference Center, but participants will be housed separately and will have different programs! More details are below:



**Who is PK/MK Retreat for:** Children of ministers who are credential holders in the PennDel District of the A/G.

**Arrival & Departure Times:** PK/MK Retreat begins on **Saturday, October 20<sup>th</sup>** with registration at **2:30 – 3:00 PM** in the David Center. The first meal served will be supper on Saturday. The retreat will conclude on **Monday, October 22<sup>nd</sup>** with pick-up at **11:00 AM** (no lunch will be served). All PK's & MK's attending should be a part of the entire retreat.

**Cost for those with AG credentials:** There is no charge for children of credential holders of the PennDel District.

**Cost for non-AG Credentialed Ministers:** If you are a pastoral staff member and DO NOT have credentials with the PennDel District Council of the A/G, your child(ren) may attend for **\$122.00 per child**. Please include a check made payable to the **PennDel District Council** with your registration.

**Registration:** Attendance at the PK/MK Retreat is by advance registration only! To register, please use the provided registration form (due to the medical release). You may register online at [www.penndel.org](http://www.penndel.org); we will still require the registration form(s) to be completed and submitted prior to the event.

**Registration Deadline:** All registrations must be postmarked by **October 5<sup>th</sup>**. Please register as soon as possible to reserve your space! Those not registered in full cannot be accepted for the retreat.

**Cancellations:** If for any reason, you should discover that your child(ren) is/are unable to attend, please notify the District Office as soon as possible.

**Directions:** PA Turnpike or Interstate 81 to US Route 11 South into Carlisle, PA. Route 74 N. out of Carlisle, cross the Conodoquinet Creek. Turn left onto Union Hall Road; the Bongiorno Conference Center is one mile ahead on the left; address is 430 Union Hall Road, Carlisle, PA 17013.

**What to Bring:** Bible, notebook, pen or pencil, pillow, sheets, blanket or sleeping bag, toiletries and personal items, towel and wash cloth. Bring casual clothing for the entire weekend and warm clothing for all activities.

**What NOT to Bring:** Please do not bring any items that would be detrimental to the facility or to others present. Included would be any kind of "prank" items, tobacco or drugs, fireworks, smoke bombs, radio, CD players, iPods, **CELL PHONES**, etc. You may bring sports/recreation equipment for free time activities, but do not bring any valuable personal items.

**Questions?** For **Children's** Track questions, contact the CE Dept. at (717) 795-5921 or email [megan@penndel.org](mailto:megan@penndel.org).

### 2018 PK / MK Retreat Children's Registration Form (Grades 2 – 6)

CHILD # 1 NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ SEX \_\_\_\_\_

CHILD # 2 NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ SEX \_\_\_\_\_

CHILD # 3 NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ SEX \_\_\_\_\_

(PLEASE COMPLETE THE **BACKSIDE** OF THE FORM; ONE PER CHILD. DUPLICATE BACKSIDE IF NECESSARY.)

PARENT NAME \_\_\_\_\_

EMAIL ADDRESS (for registration confirmation): \_\_\_\_\_

CREDENTIALS HELD (*please check*)

Ordained \_\_\_\_\_ Licensed \_\_\_\_\_ Certified \_\_\_\_\_ Provisional \_\_\_\_\_ None \_\_\_\_\_ (check enclosed)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

CHURCH \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

I AM INTERESTED IN BEING A CHAPERONE (*Children's Track only*).

NAME \_\_\_\_\_

#### PARENTAL PERMISSION

We hereby give permission for our child(ren) to attend the 2018 PK/MK Retreat. Also, our child(ren) agree(s) to abide by the rules and guidelines as established by the retreat director. Furthermore, we consent for our child(ren) to be treated by authorized personnel for sickness, accident, or injury which may occur, and the release of medical information to the health insurance carrier.

Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT

Detach & return bottom portion(s) postmarked by **OCTOBER 5<sup>th</sup>** to: KIDS' PK/MK Retreat, 4651 Westport Drive, Mechanicsburg, PA 17055

**2018 PK / MK Retreat Children's Registration Form** (continued from front)

**CHILD NAME:** \_\_\_\_\_ (Please complete backside for each child.)

**MEDICATION ALLERGIES:** \_\_\_\_\_ **OTHER ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Our Medical Personnel can only dispense medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, and the dosage and frequency of administration. Please list ALL medications (including over-the-counter or non-prescription drugs and vitamins) that are taken routinely. Send enough medication to last the entire weekend of the retreat; no more, no less.**

This person takes medications as follows:

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Taken:  Breakfast  Lunch  Dinner  Bedtime

Reason for taking: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Taken:  Breakfast  Lunch  Dinner  Bedtime

Reason for taking: \_\_\_\_\_

(Attach additional pages for more medications.)

I give permission for the on-site medical personnel to administer the following medications to my child when necessary:

- Tylenol (Acetaminophen)       Advil (Ibuprofen)       Benadryl (Diphenhydramine)

**Bed Wetting**  Yes  No **Bed Wetting Precautions taken:** \_\_\_\_\_

# PK/MK RETREAT 2018

It's time to register for the annual **PK/MK Retreat!** We are offering two special retreats for our District PK's and MK's - One for those currently enrolled in grades 7-12, and one for those in grades 2-6! Both retreats meet at the same time at the Bongiorno Conference Center, but participants will be housed separately and will have different programs. The dates are **October 20-22, 2018.**

## Details for the YOUTH TRACK:

**WHO IS PK/MK RETREAT FOR?** Children of ministers who are credential holders in the PennDel District of the Assemblies of God.

**ARRIVAL & DEPARTURE TIME:** PK/MK Retreat begins on **Saturday October 20** registration is **2:30-3:00pm** located in **the Hotel Lobby**. The first meal served will be supper on Saturday. The retreat will conclude on **Monday, October 22** with the pick up at 11:00am (no lunch will be served). All PK's & MK's attending should be a part of the entire retreat, arriving at 2:30pm Saturday and leaving at 11:00am Monday. (School absence excuse letter can be provided upon request.)

**COST FOR THOSE WITH AG CREDENTIALS:** There is **no charge** for children of credential holders in the PennDel District.

**COST FOR NON-AG CREDENTIALLED MINISTERS:** If you are a pastoral staff member at an Assemblies of God church and **DO NOT** have credentials with the PennDel District Council of the AG, your child(ren) may attend for \$122.00 per child. Please include a check made payable to the **PennDel District Council** with your registration.

**REGISTRATION:** Attendance at the PK/MK Retreat is by **pre-registration only**. To register you must use the registration form below (with medical release) or

complete registration at [penndelyouth.com](http://penndelyouth.com). Additional forms are available from the District

**REGISTRATION DEADLINE:** All registrations must be postmarked by **October 5th** via mail or by **11:59pm** at [penndelyouth.com](http://penndelyouth.com). Please register as soon as possible to guarantee your spot. Those not registered on time cannot be accepted for the retreat. If, for any reason, you should discover that you are unable to attend, please notify the District Ministries Center immediately at 717.795.5921 or email [jessica@penndel.org](mailto:jessica@penndel.org)

**WHAT TO BRING:** Bible, notebook, pen, pillow, sheets, blanket or sleeping bag, flashlight for the corn maze, toiletries and personal items, towel and wash cloth. Bring casual clothing for the weekend and warm clothing for all activities. Bring an alarm clock and camera since **cell phones are prohibited**.

**WHAT NOT TO BRING:** Please do not bring any items that would be detrimental to the facility or to others present. Included would be, tobacco, drugs, fireworks, smoke bombs, etc. Also, students should not bring radios, mp3 players, iPods, **CELL PHONES**, etc. You may bring sports/recreation equipment for free time activities, but do not bring any valuable personal items.

**QUESTIONS?** For questions regarding the **YOUTH TRACK**, please contact the Youth Ministries at 717.795.5921 or by emailing [jessica@penndel.org](mailto:jessica@penndel.org)

### 2018 PK / MK Retreat TEEN Registration Form (Grades 7-12)

TEEN # 1 NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ SEX \_\_\_\_\_

TEEN # 2 NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ SEX \_\_\_\_\_

TEEN # 3 NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ SEX \_\_\_\_\_

**(PLEASE COMPLETE THE BACKSIDE OF THE FORM; ONE PER TEEN. DUPLICATE BACKSIDE IF NECESSARY.)**

PARENT NAME \_\_\_\_\_

EMAIL ADDRESS (for registration confirmation): \_\_\_\_\_

CREDENTIALS HELD (please check)

Ordained \_\_\_ Licensed \_\_\_ Certified \_\_\_ Provisional \_\_\_ None \_\_\_ (check enclosed)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

CHURCH \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

### PARENTAL PERMISSION

We hereby give permission for our child(ren) to attend the 2018 PK/MK Retreat. Also, our child(ren) agree(s) to abide by the rules and guidelines as established by the retreat director. Furthermore, we consent for our child(ren) to be treated by authorized personnel for sickness, accident, or injury which may occur, and the release of medical information to the health insurance carrier. I give permission for my child(ren) to participate in the off-site trip to Fields of Adventure and to be transported to and from the Bongiorno Conference Center. Permission is given to PennDel District Council of the Assemblies of God to use photographs (individual or group) and/or multimedia images, contact information and recordings in the best interest of PennDel District Council of the Assemblies of God.

\_\_\_\_\_  
SIGNATURE OF PARENT

Detach & return bottom portion(s) postmarked by OCTOBER 5<sup>th</sup> to: TEEN PK/MK Retreat, 4651 Westport Drive, Mechanicsburg, PA 17055

# NEW THIS YEAR

## OFF-SITE TRIP TO FIELDS OF ADVENTURE

**WHEN:** Sunday night (after dinner)

**WHERE:** 64 Tree Lane, Aspers, PA 17304 (transportation will be provided)

**WHAT:** Flashlight Corn Maze, Hay Ride, Bon Fires, S'mores, Hot Dogs, Hot Chocolate!

**HOW MUCH:** FREE!

**Make sure you bring a real FLASHLIGHT – no cellphone flashlights will be permitted – for the flashlight corn maze!**



### 2018 PK / MK Retreat TEEN Registration Form (continued from front)

**TEEN NAME:** \_\_\_\_\_ (Please complete this side for each TEEN.)

**MEDICATION ALLERGIES:** \_\_\_\_\_ **OTHER ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Our Medical Personnel can only dispense medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, and the dosage and frequency of administration. Please list ALL medications (including over-the-counter or non-prescription drugs and vitamins) that are taken routinely. Send enough medication to last the entire weekend of the retreat; no more, no less.**

This person takes medications as follows:

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Taken:  Breakfast  Lunch  Dinner  Bedtime

Reason for taking: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Taken:  Breakfast  Lunch  Dinner  Bedtime

Reason for taking: \_\_\_\_\_

(Attach additional pages for more medications.)

I give permission for the on-site medical personnel to administer the following medications to my child when necessary:

Tylenol (Acetaminophen)

Advil (Ibuprofen)

Benadryl (Diphenhydramine)