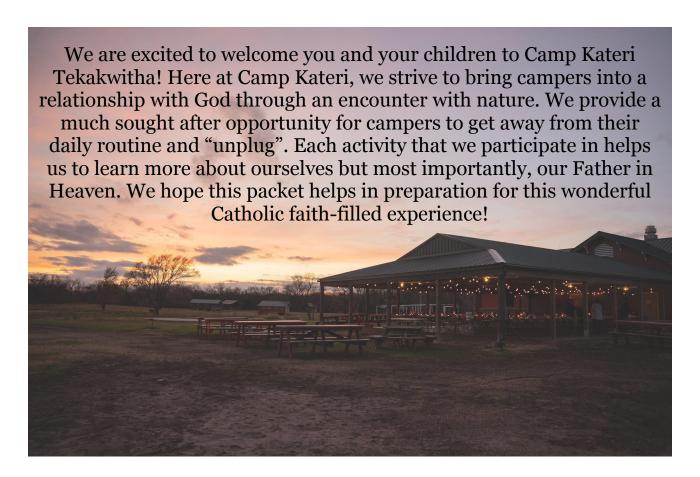
Parent Handbook



2026 Summer Camps

Important Dates & Times | Camp Information | Packing Lists

Welcome to Camp Kateri!



Arrival & Departure (All Sessions)

Check in: 2:00 PM

Closing Day Mass: 9:00 AM

Closing Ceremonies: 9:45 AM

Checkout: 10:00 AM

Please be sure to arrive no later than 2:30 pm. On Closing Day, families are welcome to join us for Mass at 9:00 am. Closing Ceremonies are at 9:45 am, followed by check out (10:00 am). Each camper is required to have an adult sign them in and out of camp. Your child will be permitted to ride home from camp only with the pre authorized person(s) listed at check-in.

All Camp Dates: 2026

COUNSELOR TRAINING: May 27th - 28th

-Current Grade in Spring 2026-

SKY CAMPS: (4th - 6th Grade)
Session 1: May 28th - 30th
Session 2: May 31st - June 2nd
Session 3: June 7th - 9th
Session 4: June 14th - 16th

SKY GAMES: (7th - 8th Grade) Games 1: June 17th - 20th Games 2: July 29th - July 2nd

NEW TO CAMP!!

SKY HIGH: (9th - 12th Grade) SKY HIGH Men's: June 2nd - 5th SKY HIGH Women's: June 9th - 12th

FAMILY CAMP: (All Ages)
Family Camp: June 27th - 28th

CATHOLIC ADVENTURE CAMP: (3rd - 4th Grade) Western Adventure 1: July 6th - 7th Western Adventure 2: July 8th - July 9th

SPIRITUAL FORMATION

Camp Kateri Tekakwitha combines outdoor activities with powerful spiritual instruction to provide unique Catholic encounters with God. Campers will experience Adoration, Benediction, Reconciliation, and Mass.

SAFETY

Ensuring that all campers and volunteers are physically and emotionally safe is our number one priority. Our staff and volunteers complete a careful screening process and receive training in their responsibilities. Additionally, all staff are "Safe and Sacred" trained. We have a 1:4 adult-to-camper ratio.

CABIN MATES

Bunkmate requests should be made online during registration. Each camper may request one child to bunk with at camp. We can only ensure that mutual requests are fulfilled (i.e. Sally must request Suzy AND Suzy must request Sally for the request to be honored). Please coordinate this with your child's friend before registering online.





MEDICATIONS

Upon arrival campers are required to turn in the Medical Information Form (Print off from registration and included with Parent Handbook) and to check in all medications in original containers. Please ensure that everything is properly labeled for the health staff. Any allergies or special dietary needs should be indicated online during registration.

PAYMENT

Full payment for camp is due upon registration; failure to make full payment may result in the loss of your child's spot in their session. If your parish is contributing to the final balance, it is your responsibility to ensure they make the final payment.

Refund claims and session change requests must be made by May 1. After May 1 the registration fee is non-refundable.

Session change requests will incur a \$25 transfer fee.

VOLUNTEER OPPORTUNITIES

This year we are hoping to have more volunteers for our summer camps. Camp Kateri has adult volunteers each session to help with a variety of camp activities. These positions include:

Camp Nurse: A registered nurse to help administer prescribed medications to campers and offer basic First Aid and CPR.

Assistant Cooks: Help prepare and serve the daily meals and snacks.

Camp Volunteer: Help the Camp Kateri staff implement the daily program and schedule. The individual must be a former counselor or camp volunteer.

If you are interested in any of these positions for a session, please contact the camp director.

CONTACT US

Office Number:

(402) 410-0611

Address:

1305 County Road 3 PO Box 127 McCool Junction, NE 68401 **Email:**

campkateriT@gmail.com

Website:

www.campkateri.org

Packing List

☐ Shorts (must be at least fingertip	Medications in original
length when hands are at your	containers (must be checked in)
side)	☐ Headlamp or Flashlight
☐ Shirts (must have sleeves; all	☐ Reusable water bottle
images and writing should be	☐ Bible
camp appropriate) breathable	☐ Rosary
encouraged	☐ Shoes & Socks
☐ Sweatshirt/light jacket	☐ One pair closed-toe tennis
☐ Jeans/pants for evenings	shoes
☐ One-piece bathing	☐ One pair closed-toe WATER
suit/swimming trunks (Ladies	shoes (can be old tennis
will need to bring shorts to wear	shoes) Crocs will not be
over swimsuit)	allowed for closed toed
☐ Sunglasses and/or hat	<u>shoes</u>
☐ Toiletries (shampoo, conditioner,	☐One pair shower shoes (can
soap, toothbrush, toothpaste,	be flip flops) Optional*
deodorant, etc.)	☐ Catholic Adventure Camp – For
☐ Twin-size sheets/blanket/pillow	the Western Adventure, campers
OR sleeping bag/pillow	are encouraged, but not required,
☐ Towels	to bring western wear, cowboy
☐ Bug repellant & Sunscreen	boots, hats or a bandana

RULES ON MODESTY

At Camp Kateri, we require everyone to respect their own bodies and those of others. We require all campers and adults to adhere to our modesty guidelines. Below are the rules for the sake of comfort, safety and modesty.

- NO tank tops or crop-tops Shirts must cover your shoulders and chest. Please make sure your shirt covers your entire stomach and back while sitting and with your arms raised above your head.
- NO short shorts –If you place your hands at your sides, your shorts should be at least as long as your fingertips.
- Please do not wear tights, leggings or any style of form-fitting workout pants.
- Water games attire will be shorts/swim trunks and T-shirts over all swimsuits (male and female).
- NO Clothing that promotes non-Christian values.
- NO Technology (cell phones, iPad/iPod/tablets, computers, portable gaming devices, etc.)
- NO Tobacco products, illegal drugs, alcohol
- NO Lighters, fireworks, knives/weapons or firearms
- NO Food (unless for allergies)

***Must print, sign and bring to registration *** PARENT/GUARDIAN MEDIA CONSENT AND RELEASE FOR DIOCESAN MINISTRIES

I, the undersigned Parent/Legal Guardian, hereby give my consent for <u>Camp Kateri Tekakwitha</u> the Catholic Diocese of Lincoln, any Religious Order within the Catholic Diocese of Lincoln, and any Third-Party Media Outlet <u>approved by the Diocesan Ministry</u>, to record, film, photograph, audiotape, or videotape my below Child(ren)'s name, image, likeness, spoken words, student work, performance or movement, in any form at the diocesan ministry location or a diocesan ministry-related activity or event (hereinafter collectively referred to as "<u>Diocesan Ministry Works</u>"), and to display, publish, post, reproduce, disseminate, or exhibit these Diocesan Ministry Works or any part thereof in connection with any promotional material, website, social media posting, radio broadcast, television broadcast, or any other media form or format. The Diocesan Ministry, Catholic Diocese of Lincoln, Religious Orders within the Catholic Diocese of Lincoln, and Third-Party Media Outlets approved by the Diocesan Ministry shall be collectively referred to as the "Approved Parties".

I hereby release the Approved Parties, including their respective officers, directors, employees and agents from any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to the creation, publication, posting, reproduction, dissemination, or distribution of the Diocesan Ministry Works.

I have read this Media Consent and Release and understand its terms. I am a parent or legal guardian of the below listed Child(ren) and have the authority to execute this Consent and Release on behalf of myself and my Child(ren).

☐ I CONSENT to the Media Consent & Release☐ I DO NOT CONSENT to the Media Consent & Release	ase
Parent/Guardian's Name:	
Parent/Guardian's Signature:	
Date:	
CHILD'S NAME	CHILD'S GRADE



Camper Medication Information

This form must be filled out completely by the parent or guardian of any camper requiring medications.

Camper's Name:	
Cabin	

Medication	Dosage	Please Circle When To Dispense				
Example: Advair	2 Puffs / Twice a Day	Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
I grant permission to additional camp deems necessary Acetaminophen (Tylen	(please checkmark):			n y child a 5 mg/25n		
Acctaninophen (Tylenor) 100 mg/323mg		Zyrtec 10 mg				
SIGN I have provided the above medical medications to my child as I have		ATTENDAN and give perm	ICE nission to o		nese	
Signature of Parent/Guardian:		Date:				