

Vacation Day Camp

July 27-31, 2009

Kindergarten Grads through 6th Grade Grads Parent Information Sheet

Welcome to Epiphany's Vacation Day Camp. This Day Camp is held at Epiphany Lutheran Church, 268 Hill Road N. in Pickerington from 9:00 AM to 3:00 PM. Day Camp is planned and administered through Lutheran Outdoor Ministries in Ohio (LOMO). LOMO provides trained, background checked!, and talented counselors, curriculum, crafts, Bible studies, skits and songs to help us proclaim Jesus in a fun Christian setting. Please use this Information Sheet to help you plan for an exciting summer camp!

- ❖ **Registration:** Additional Forms are available on the Welcome Center in the Gathering Space of Epiphany or on our web site at www.epiphany-lutheran.com.
 - Fill in the form completely on both sides and be sure to sign it
 - Day camp is for kindergarten graduates through 6th grade graduates
 - Please turn it in to the special bin on the Welcome Center or by mail **BY JULY 19**
- ❖ **Cost:** \$35 per child with a family limit of \$70. However, NO CHILD will be turned away because of money. Please call Jeff Mitchell at 837-2826 if money is an issue!
- ❖ **Medications:** Special arrangements can be made for necessary medications to be given BY CAMP STAFF during Day Camp hours. Please fill in your needs on the registration form.
- ❖ **Craft Supplies:** On Tuesday our craft involves an empty 2-litre bottle **with** a cap. On Thursday the craft involves a white or light colored plain t-shirt. We ask that each child bring these two items with them to camp on the day they will be needed.
- ❖ **Drop-off/Pick-up:** Campers need to be signed in and out every day by a parent or designated adult. Please come into the Gathering Space each morning and afternoon to sign them in/out and ensure camper safety.
- ❖ **Absences:** Please inform the church of absences by calling 837-2826.
- ❖ **Lunches:** Campers must bring a sack lunch each day of camp (Please only use items that do not need refrigerated) *except Wednesday*. **Wednesday we will be grilling hot dogs for DOG DAY** and having applesauce and chips. Feel free to pack that day as well if your child does not like hot dogs. Cold drinks will be provided for snacks and lunch all week.
- ❖ **Snacks:** On Monday, please bring one large package of snacks (chips, cookies, crackers, etc.) to be shared for the week during snack times.
- ❖ **Special Events:**
 - A Glimpse of Camp- On Thursday evening from 7:00-8:00 PM we will have a special worship service led by the campers and staff.
 - Water Day- Friday afternoon is our water day. Campers *will* get wet and should dress appropriately and bring a towel. Our fire department will be on hand to share with us their calling and to ensure a proper soaking!
 - Dog Day- Wednesday is Dog Day. Does your dog do tricks? Would you like to bring your dog to be petted by the kids? We have room for a few special friends today and hot dogs for lunch! If your child is allergic to dogs, let us know and we will take necessary precautions.
- ❖ **Daily Mission/Outreach:** During our week together we will be collecting Brown Bag Lunch's for our outreach. These Brown Bag Lunches help children who do not have the benefit of a school lunch during the summer. We will have brown bags ready for you to take home and fill up with non-perishable items to be distributed through our Lutheran Social Services food pantries.

Lutheran Outdoor Ministries in Ohio and Epiphany Lutheran Church

Summer Day Camp Registration and Permission Form

Date of Camp: July 27-31

Name of Camper: _____ Birth date: _____

Address (City, State, Zip): _____

Gender: ___ Grade Next Fall: ___ Age: ___ Home Church: _____

Parent/Guardian Name (s) _____

Home _____ Work _____ Cell _____

Phone(s) _____ Phone(s) _____ Phone (s) _____

Email: _____

Optional: Please check the appropriate line:

____ American Indian ____ Asian/Pacific Islander ____ Black/African American
____ White/Caucasian ____ Hispanic/Latino ____ Prefer not to answer

Emergency Contact Information

1. Name _____ Phone: _____

Address: _____ Relationship: _____

2. Name _____ Phone: _____

Address: _____ Relationship: _____

During Day Camp, how will your child come and leave from the day camp site? (Circle all that apply)

Walk

Bike

Car

The Following person(s) is/are permitted to pick up my child from Day Camp:

1. _____ 3. _____

2. _____ 4. _____

DO NOT release my child to the following person(s)

1. _____ 2. _____

Parent Permission

To the best of my knowledge, this health history is complete. I hereby give permission for use of photos of my child to be used in promotion. I hereby give permission for the above named child to participate in all LOMO Day Camp activities at Epiphany Lutheran Church. I hereby give permission for my child to be transported to an off-site activity by an adult driver including field trips and special events on or away from the church's property as listed below:

Field Trip and Special Events

Location

Date

Water Day

Epiphany

July 31

Dog Day

Epiphany

July 29

Parent/Guardian Signature

Date

Please Print Name

-OVER-

Required Health Information

Doctor's Name: _____ Doctor's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Medical Insurance Carrier: _____

Name of Policy Holder: _____

Group Number: _____ Policy Holder's No.: _____

List any disability or recurring illness: _____

Note any activities to be limited: _____

Specify and dietary concerns or limitations: _____

Indicate current medication or medical treatment:

Note: All medications sent to camp must be in the original containers and given to the Adult Coordinator

Name	Dosage
1. _____	_____
2. _____	_____
3. _____	_____

Note all allergies

Bee Stings: _____ Aspirin: _____ Penicillin: _____ Peanuts: _____ Other: _____

Immunization Record– Please note the dates of the following immunizations:

DTP: _____ Tetanus/Diphtheria: _____ Tetanus: _____ Chicken Pox: _____

MMR: _____ Haemophius Influenza B _____ Hepatitis B: _____ Polio: _____

Please clarify anything else that might help the Day Camp staff regarding your child, especially related to behavioral, physical, emotional, mental or spiritual health:

Authorization of Treatment

In the event I cannot be reached, I give permission for the staff of this Day Camp to order X-rays, routine tests and medical treatment for my child until I can be present or involved in the care. I give permission for camp staff to administer medication as listed further on this form.

Parent/Guardian Signature

Date

Please Print Name



We create places apart where lives are changed through spiritual growth as people experience the love and joy of Jesus Christ.

For office use:

Fee per person for week of Day Camp: \$ _____

Amount received: \$ _____

Date Received: _____

Balance: \$ _____