

2024 DAY CAMP

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JULY 15-19, 2024



K Grads Through 6th Grade Grads

9 AM to 3 PM Monday - Friday

# Vacation Day Camp

Parent Information Sheet / Registration Form

**Kindergarten Grads through 6th Grade Grads**

**July 15-19, 2024**



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 Hopewood Outdoors, our Lutheran Camping ministry. Hopewood 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/day-camp](http://www.epiphany-lutheran.com/day-camp)

- Day camp is for kindergarten graduates through 6th grade graduates
- The deadline to register for this year's Day Camp is July 14, 2024 or when we reach 30 kids!!

❖ **Cost:** \$70 per child. Please make checks payable to Epiphany Lutheran Church or scan the QR code to pay through PayPal. Because we want as many children as possible to attend, if money is keeping you from camp, please call the church office at 614-837-2826 to discuss a reduced fee.



❖ **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.

❖ **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 emailing Jeff Mitchell at [jeff@epiphany-lutheran.com](mailto:jeff@epiphany-lutheran.com)

❖ **Lunches:** Campers must bring a sack lunch each day of camp (Please only use items that do not need refrigerated). Cold drinks will be provided for snacks and lunch all week.

❖ **Snacks:** On Monday, please bring a snack item to share (a package of rice crispy bars, fruit bars, granola bars, fruit snacks, or cereal boxes are preferred).

❖ **Special Events:**

- A Glimpse of Camp- On Thursday evening from 7:00-7:30 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!



Epiphany Lutheran- Pickerington

July 15-19, 2024

Host Congregation and/or Location

Dates of Camp

**HopeWood Connect & Amazing Grace Day Camps Registration, Health, & Permission Form**

Please print legibly. Parent or guardian is to complete this form in pen. Thank you.

**Camper Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address (or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade **Completed:** \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_ Pastor \_\_\_\_\_



**Parent/Guardian Information**

First & Last Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Additional Parent/Guardian Information**

First & Last Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Additional Emergency Contact Information:**

If the parents or guardians are not available in an emergency, notify:

Name \_\_\_\_\_ Phone/cell: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone/cell: (\_\_\_\_) \_\_\_\_\_

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. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_

For Church Coordinator use (HopeWood Connect Day Camps)

Fee per person for week of Day Camp: \$\_\_\_\_\_ Amount received: \$\_\_\_\_\_ Date received: \_\_\_\_\_ Balance: \$\_\_\_\_\_

**-Over-**





## Day Camp Registration, Health, & Permission Form – continued

Camper's Doctor \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Camper's Dentist \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Policy Group Numbers: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List any disability or recurring illness: \_\_\_\_\_

Note any activities to be limited: \_\_\_\_\_

Specify any dietary concerns or limitations: \_\_\_\_\_

Include current medication or medical treatment:

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

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

Note all allergies: \_\_Bee Stings \_\_Aspirin \_\_Penicillin \_\_Peanuts \_\_Other: \_\_\_\_\_

**Immunization Record:**  
*Check if current:*  
 DPT Series \_\_\_\_  
 Mumps \_\_\_\_  
 Measles \_\_\_\_  
 Rubella \_\_\_\_  
 Polio Series \_\_\_\_  
 Hepatitis B Series \_\_\_\_  
 TB Test Result: \_\_\_\_  
 Date of Tetanus Booster:  
 \_\_\_\_\_  
 Date of COVID-19 Vaccination:  
 \_\_\_\_\_

Please provide any other information or restrictions that might help the day camp staff and volunteers to know how best to care for your child (behavioral, physical, emotional, mental health):

**Release:** I hereby give permission for the camper, previously named, to participate in all day camp activities and off-site field trips, except as previously noted. I also consent to the use of any photograph or video recordings of my child or family in future HopeWood Outdoors or ELCA publications.

I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But if it is important to do so, I hereby give my permission to the physician selected by the Camp Staff to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. I further authorize the Church Coordinator, or their designee, to administer over the counter drugs and medications as needed.

\_\_\_\_\_  
 Date Printed Name Parent/Guardian Signature