



# BETHLEHEM LUTHERAN CHURCH

Dear Parents:

Greetings from Bethlehem Lutheran Church! Our church is planning an exciting new opportunity for Christian growth that we hope your child(ren) will want to participate in... Day Camp! This Day Camp will be held on July 24-28, 2017 for youth completing grades K-6.

Our Day Camp is offered in partnership with Camp Mount Luther, an Evangelical Lutheran Church in America outdoor ministry. Camp staff, together with folks from our parish, will lead the experience! We will begin at 9:00 a.m. and conclude at 3:00 p.m., Monday through Friday. The purpose of the Day Camp is to help your child(ren) grow in faith and strengthen their relationship with friends and fellow church members. This is one more way to share the gospel of Christ, in support of our regular church. The key is the camp staff, and some of the special resources they bring including: music, arts and crafts, games, Bible Study and nature activities.

Day Camp will be held on site at Bethlehem Lutheran Church in cooperation with Fairport United Methodist Church.

We are writing to encourage your child(ren) to participate. The cost is \$50; \$25 for additional siblings. Please plan to register by May 31. Space is limited and campers will be accepted on a first come basis. Wrap-around care might be available - indicate on your registration form if you would utilize wrap-around care if it were provided.

Your child(ren) should dress casually each day. They should bring along sunscreen, insect repellent, water bottle, raingear/poncho and outdoor shoes in case of rain. Pack them in a backpack and mark everything with their name. Special activities and walking trips to village parks will be noted the day prior, so your child(ren) can dress appropriately. Youth should bring a **SACK LUNCH** along each day. Drinks will be provided. Camp Mount Luther and Bethlehem Lutheran Church are NOT responsible for lost or stolen articles.

Prayerfully consider this exciting opportunity for your child(ren) and mail your registration form and payment to the address at the bottom of this letter. We hope they can share in our Day Camp! Feel free to contact the church office at [office@blcfairport.org](mailto:office@blcfairport.org) for answers to your Day Camp questions.

Sincerely,

Day Camp Committee

**PAYMENT:** Payment for your week at camp Must be made when you submit the registration form. For your convenience, we accept cash, checks and PayPal for payments and donations.

**REFUND POLICY:** Refunds will be made in the following manner:

- For day camps, fifty percent (50%) of the camp fees will be refunded if the cancellation is received after June 1 and more than two weeks prior to the start of the week that the camper is registered for.
- No refund will be made within two weeks of the start of the camp session or for late arrivals or early departures except under the following conditions: (1) Illness or medical emergency with receipt of written statement from a doctor and (2) Death in family with written notification.

**ELECTRONIC DEVICES:** We realize you might like to stay connected to your child while they are at camp. Campers are not to have cell phones or other electronic devices while here. Please do not allow your child to have them in their possession. To get the most out of their camp experience, they need to be fully engaged in our program and not distracted by e-media. We appreciate your respect for that practice.

# Bethlehem Lutheran Church – Day Camp 2017

## REGISTRATION/HEALTH FORM

*A thorough health history and immunization record is required. In cases of questionable health, or at the discretion of the Day Camp leaders or health supervisor, a physical exam may be required.*

Camper Last Name:	First:	Age:	Birth Date:	Grade (June 2017):
Home Address:	City/State/Zip:	Home Phone:	E-Mail:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent Name:	Preferred Phone:	Alternate Phone:	E-Mail:	
Parent Name:	Preferred Phone:	Alternate Phone:	E-Mail:	

### HEALTH INFORMATION

**Restrictions while at camp:**

**Food Allergies and Diet Restrictions:**

**Other Allergies** (including medications, plants, and insects):

Check here to indicate that the camper's immunizations required for school are up to date. (Can attach a list)

\*\*\*List here the date (month/year) of last tetanus shot:

### INSURANCE INFORMATION

Does insurance require MD approval prior to care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, indicate phone number to call:
Medical Insurance Carrier/Plan Name & Group Number:	Insurance ID Number:
Guardian Name on Policy:	

### EMERGENCY CONTACT

Name of friend or relative (not living at same address):	Relationship:	Preferred Phone:	Alternate Phone:
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### CONSENT AND RELEASE PERMISSION

*If this form is used for off-site day camps, "camp" refers to personnel at congregation and/or the Camp Mount Luther staff.*

1. I hereby give consent for camp personnel to give over-the-counter medications should it be necessary. I understand that Bethlehem Lutheran Church and Camp Mount Luther and its employees are not responsible for untoward effects of nonprescription medications.
2. I give the church permission to dispense my child's prescription medication as listed.
3. I hereby give permission to the medical personnel selected by the church administration to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatments, including hospitalization, for the above named person. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. This completed form may be photocopied for trips out of camp.
4. I hereby give permission to my child to participate in the programs and activities of the Day Camp he or she attends. In the event walks in the Village of Fairport are planned away from the church (ex. Potter Park) as part of the program under the direction of the Day Camp administration, my child has my permission to participate in such activities. Any photos or video recordings taken in which my child appears may be used for promotion of day camp and its related entities free of any claims. I have read the refund policy and agree to the provisions contained in it.

Signature (of parent/guardian if under 18):

**X**

Date: