

Dear Parents/Guardians,

We are happy that you plan to have your child join us at Lutheran Church of the Resurrection for Vacation Bible School! This year we are teaming up with Bear Creek Camp to offer a Day Camp experience for children who will attend K-6th grades in the fall. Day Camp activities will be from 9 AM to 3 PM during the week of June 25-29, 2018. In addition, LCR will offer extended child care from 7:30 – 9:00 AM and 3:00 – 6:00 PM each day for those families who might need it.

Snacks will be provided (through donations) during both the morning and afternoon of our camp day, but children will need to bring a bag lunch to eat at noon.

Children who are ages 3 to 5 years (and potty trained) can join us from 9:00 – 11:45 AM for VBS Morning Camp. However, only morning extended care will be available for preschool children.

The fee for the entire week of VBS Day Camp is \$20 per child; \$60 maximum per family

The fees per day for extended care are \$10/morning and \$20/afternoon.

Registration deadline is June 15th. Please complete and return the bottom portion of this letter, along with the Bear Creek Day Camp Camper Information Form and forward all 3 pages to the Lutheran Church of the Resurrection, 1700 Makefield Road, Yardley, PA 19067.

Please make checks payable to **Lutheran Church of the Resurrection.**

(Tear off this portion and attach to Camper Information Form)

Parent/Guardian Name _____

Address: _____

Phone # _____ Email: _____

How many children are you registering for camp? _____

Are you interested in extended child care? AM: M ___ T ___ W ___ Th ___ F ___

PM: M ___ T ___ W ___ Th ___ F ___

Please list the names of the people who are authorized to pick up your child from camp:

Please check which snack you can bring for use during the week:

Chips _____ Cookies _____ Pretzels _____

Veggies _____ Fruit _____ Popcorn _____

Other _____

Bear Creek Day Camp 2018 - Camper Information

| | | | | |
|-----------------------------|------------|--------|-------------------|---------------|
| Camper's Last Name | First Name | Gender | Birth Date | Primary Phone |
| Parent/Guardian Info | | | | |
| Alternate Phone 1 | | | Alternate Phone 2 | |

| | | | |
|-------------------|------------------------|-------------------|-------|
| Name | Relationship to Camper | Occupation | Email |
| Alternate Phone 1 | | Alternate Phone 2 | |

| | | | |
|------|------------------------|------------|-------|
| Name | Relationship to Camper | Occupation | Email |
|------|------------------------|------------|-------|

Emergency Contact Info: (Must be someone other than listed above)

| | | |
|--------------|------------------------|---------------|
| Contact Name | Relationship to Camper | Contact Phone |
|--------------|------------------------|---------------|

Health History

YES NO All immunizations required for school are up to date.

YES NO Do you give consent for these over the counter medications: Tylenol, Ibuprofen, Benadryl, Other: _____

Medication Allergies: _____

Food Allergies/Dietary Restrictions: _____

Other Allergies: _____

List any Illness, Chronic Condition, Physical Condition or Mental Limitations the camper has that requires restriction on camp participation:

YES NO Medications (If yes, please fill out dosage/schedule below)

| Medication | Quantity | Time | Comment |
|------------|----------|------|---------|
| | | | |
| | | | |
| | | | |

Insurance Information

| | | |
|-------------------|--------------------|---------------------------|
| Insurance Company | Insurance Policy # | Insurance Company Phone # |
|-------------------|--------------------|---------------------------|

| | | |
|---------------------------|------------------------|---------------------------|
| Insurance Company Address | Primary Physician Name | Primary Physician Phone # |
|---------------------------|------------------------|---------------------------|

To the best of my knowledge all registration and health information is correct. Any images recorded while participating in camp activities may be used for the camp's promotion free of any claims. I give permission for my child to participate in all camp activities except as noted and agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel or staff selected by the camp to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for my child. I understand that Bear Creek Camp is not responsible for medical costs due to illness or injury while at this event and I agree to cover all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance. If all immunizations required for school are not up to date, I understand and accept the risks to my child from not being fully immunized. Bear Creek Camp Behavioral Health Policy: Bear Creek Camp respects the confidentiality of an individual's mental and/or behavioral health diagnosis and treatment. It is the responsibility of the Parent/Guardian of a camper to inform Bear Creek Camp Staff if their child is presently being treated for a mental or behavioral health diagnosis and how the Staff can best support the camper. Bear Creek Camp has to ensure the safety of all campers. If a camper exhibits behaviors that can put themselves or others in danger, the behavior will be reported to a Camp Director immediately. The camper's Parent/Guardian may be called and the camper may be sent home. If the camper is exhibiting behaviors that are deemed a crisis, the Director will call the local county crisis services to determine the level of intervention that needs to occur.

Signature of Parent/Guardian (REQUIRED) Date

PHOTO, VIDEO AND AUDIO RELEASE FOR MINORS

TO: Lutheran Church of the Resurrection
1700 Makefield Rd
Yardley, PA 19067

I, _____, give the *Lutheran Church of the Resurrection* permission to use my child's likeness, image, voice and / or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made by or on behalf of the *Lutheran Church of the Resurrection*. I agree that the *Lutheran Church of the Resurrection* has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the *Lutheran Church of the Resurrection's* mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including but not limited to the internet, *Lutheran Church of the Resurrection's* website, YouTube, Facebook and similar sites. I hereby release the *Lutheran Church of the Resurrection* and its agents and assigns from any and all claims, which arise out of or are in any way connected with such use.

In signing the Consent, I understand and acknowledge that:

- I will not receive any monetary compensation for the use of my child's name media coverage or quote.
- I am over 18 years of age and otherwise legally competent to sign this Release or I am the parent/legal guardian of the named minor.
- Names will not be used in any promotion.
- I have read this Release in its entirety and understand it.

I give my consent to the *Lutheran Church of the Resurrection* to use my child's likeness

Name of Minor

Date

Name of Minor

Date

Parent/Guardian Signature

Date