

AUGUST 3<sup>rd</sup> – AUGUST 7<sup>th</sup>

9:00 AM – 3:00 PM

FOR RISING 1<sup>ST</sup> – 5<sup>TH</sup> GRADERS

Agape Day Camp is a Monday – Friday summer program during which trained summer counselors lead campers in games, songs, crafts, nature activities, Bible studies, field trips and FUN!

Goals of the Day Camp Program:

- Provide outdoor education in a small group experiential format
- Provide Christian role models of mature Christian staff
- Bring calm and the power of relational outdoor ministries to the congregational setting
- Build campers' self-esteem and identity as a child of God
- Provide opportunities for learning about God's creation and its wonders

Provide fellowship and Christian education to congregation members and community children



*NEW REGISTRATION DEADLINE*

Children who are OSLC members: Register by **April 20** - \$60

After **April 20** - \$70

Children, non OSLC members: Register by **April 20** - \$105

After **April 20** - \$120

Enrollment is limited to 21, so don't delay!

Call a neighbor or friend to let them know they're welcome. Please return registration form, health history, and check (made out to OSLC with 'Agape Day Camp' in the memo field) to Carole Darr, Interim Director of Christian Education.

Remember, the new deadline for the reduced camp fee is April 20!!

# Summer Day Camp Registration Form

Camper

Name \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ (must be 1<sup>st</sup>-5<sup>th</sup>)

Name of Home

Congregation \_\_\_\_\_

## Profile Information

The following information is helpful to our camp staff in getting to know campers better and more quickly:

Preferred Nickname: \_\_\_\_\_

Pet(s) Name(s): \_\_\_\_\_

Brothers/ Sisters (names and ages): \_\_\_\_\_

Special Interests or Hobbies: \_\_\_\_\_

My child most easily relates to [ ] males [ ] females. My child is: [ ] out-going [ ] quiet and shy in groups.

Concerns, allergies, or anything that the Day Camp staff should be aware of:

\_\_\_\_\_

To be answered by camper: "The #1 thing I hope we do at Day Camp is... \_\_\_\_\_."

**Permission** (This section must be signed in order for your child to attend camp)  
\_\_\_\_\_ HAS MY PERMISSION TO ATTEND  
DAY CAMP.

Parent/Guardian's Signature please print Parent/Guardian name here

Date

(919)552-9421

Check this box if you DO NOT give permission for Agapé  Kure Beach Ministries to use pictures of your child for promotional purposes (camp brochure, web site, staff recruiting display, etc.)

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## AGAPÉ DAY CAMP HEALTH HISTORY FORM

To be completed by parent/guardian of those under 18 years.

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Sex: M F

Last First Initial

**Parent or Guardian** \_\_\_\_\_ Grade \_\_\_\_\_ Camper

Age \_\_\_\_\_

Name

Home Address \_\_\_\_\_

Street, Road or Box City State Zip

Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Area/number Area/number Area/number

**Second Parent or Guardian, or emergency Contact**

Name

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Street, Road or Box City State Zip Area/number

Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Area/number Area/number Area/number

**If above are not available in an emergency, contact:**

Name

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Street, Road or Box City State Zip

Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Area/number Area/number Area/number

**Allergies:** (please check) **Medications:** (Explain dosage and reason on reverse side)

\_\_\_\_\_ Drug Allergies (Specify) \_\_\_\_\_

**Immunization Record:**

\_\_\_\_\_ Insect Stings Date of last Tetanus \_\_\_\_\_, DPT \_\_\_\_\_, Polio \_\_\_\_\_, MMR \_\_\_\_\_

\_\_\_\_\_ Hay Fever

\_\_\_\_\_ Other (Specify) \_\_\_\_\_ **Dietary Restrictions:** \_\_\_\_\_

**Activity Restrictions:** \_\_\_\_\_

**Health History:** Chronic illness, operations, or serious injury: (use reverse side if necessary)

\_\_\_\_\_ Frequent Ear Infections **For females:** Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_ If so, is her menstrual history normal? \_\_\_\_\_

\_\_\_\_\_ Heart Defect/Disease

\_\_\_\_\_ Convulsions

\_\_\_\_\_ Bleeding/Clotting Disorder **PLEASE USE THE REVERSE SIDE TO LIST OTHER INFORMATION**

\_\_\_\_\_ Mononucleosis **WHICH MAY BE HELPFUL TO US.**

\_\_\_\_\_ Diabetes (year) \_\_\_\_\_ **Local Urgent Care providers require a copy of your insurance card**

\_\_\_\_\_ Chicken Pox **and can refuse care without a copy.**

\_\_\_\_\_ Hypertension **Insurance:** Health Insurance Co. \_\_\_\_\_

\_\_\_\_\_ Measles Policy or ID # \_\_\_\_\_ Group Plan ID # \_\_\_\_\_

\_\_\_\_\_ Mumps Name of Insured \_\_\_\_\_ Ins Co. Ph. # \_\_\_\_\_

\_\_\_\_\_ German Measles Where insured is employed \_\_\_\_\_

\_\_\_\_\_ Psychiatric Treatment Address for claims \_\_\_\_\_

\_\_\_\_\_ Asthma \_\_\_\_\_

**Family Physician** \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Authorization:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for me/my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or supply for me/my child as named above. This form may be photocopied for use out of camp.

Check here  if you do NOT give permission for A  KB Ministries to photograph your child for camp promotional purposes (brochures, etc.).

**Signature of Parent/Guardian**

\_\_\_\_\_  
Witness: \_\_\_\_\_ Date

Return this completed form immediately to your church's Day Camp Coordinator. **Campers cannot be accepted for camp sessions without a signed health history.**

This form is designed to help us provide a safe and enjoyable camp experience. Thank you.

**Agapé  Kure Beach Ministries 1369 Tyler Dewar Lane Fuquay-Varina, NC 27526 (919) 552-9421 [www.agapekur.com](http://www.agapekur.com)**