



# Love Your Neighbor

## South Minneapolis Day Camp June 18 – 22, 2018

Come to learn and wonder about how we are called by God to love our neighbors through music, story, art, play, field trips, and more!



**What:** A progressive ecumenical experience offering faith formation in a fun, safe, Christ-centered and relational setting. Worship, crafts, games, lunch and field trips.

**When:** June 18 - 22, 9am-4pm, M-F

**Where:** Bethel Lutheran Church, 4120 17th Ave S, Minneapolis MN 55407

**Who:** Entering K - Entering 8th graders

**Cost:** \$30 per camper, \$60 max for families. Make checks payable to First Congregational UCC. Scholarships available.

**Opportunity to give more:** Our registration fee doesn't cover costs. If you can afford it, please consider giving more. We'll use your donation to stipend youth volunteers and for supplies.

**Sponsoring congregations:** Our Saviour's Lutheran, Bethel Lutheran, Calvary Lutheran, First Christian (Disciples of Christ), First Congregational UCC, Zion Lutheran, Judson Memorial Baptist, University Lutheran Church of Hope, Salem Lutheran, St. John's Lutheran, Lyndale UCC, Lake of the Isles Lutheran, Living Table UCC and Living Spirit UMC.

If you are registering after June 8, please have your child(ren) bring this completed form with payment to the first session. Until June 8, mail or otherwise bring this form along with your payment to: Sarah Tittle, First Congregational Church UCC, 500 8th Ave. SE, Minneapolis, MN 55414. **Questions?** Contact Pastor Martha Bardwell, Associate Pastor at Our Saviour's Lutheran Church. Call her at 612-871-2967 or email her at: [martha@oursavioursmpls.org](mailto:martha@oursavioursmpls.org).

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade Entering Fall '18: \_\_\_\_\_

Address: \_\_\_\_\_

If your child is affiliated with a church, which one? \_\_\_\_\_

Responsible Parent/Guardian: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_

Name of additional emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Additional individuals authorized for drop-off and pick-up:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health and medical information for \_\_\_\_\_ (child's name).**

Is Camper covered by health insurance? Yes / No (circle one)

Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Does your child have any allergies (including food allergies)? Yes / No (circle one)

Please list and describe reaction and management: \_\_\_\_\_

\_\_\_\_\_

Will your child need to take medications during Day Camp hours (9am-4pm)? Yes / No (circle one)

Medication name	Dosage	Time taken	Reason for medication:

List all medical conditions, physical or learning challenges, any emotional or behavioral concerns, strategies for better-engaging your child, and/or other relevant information:

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Authorization:**

1. In the event my child needs immediate medical attention for injuries receives while participating in Day Camp, I authorize the staff to give my child reasonable first aid, and to arrange the transportation of my child to a healthcare facility as needed. If I cannot be reached, I hereby give permission to the physician selected by the Day Camp to hospitalize, secure proper treatment for, to order injections, anesthesia, or surgery for my child as named on this form. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. Information received may need to be shared with medical providers.
2. My child has permission to be transported as needed for field trips, inclement weather, or late pick-up. I also give permission for my child to participate in walking field trips.
3. During morning drop-off, the responsible party will indicate in writing who will pick up the child at the end of Day Camp. The responsible party will notify Day Camp if that information changes during the day.
4. If my child requires the use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or in his/her personal belongings each day of camp. If Day Camp staff are required to administer and use the epi-pen, I agree to forever release and discharge the Day Camp staff from all liability arising out of or resulting from use or administration of the epi-pen.
5. I give permission for Day Camp staff to administer sunscreen as needed.
6. I voluntarily waive any claim against the sponsoring organizations/congregations and volunteers.
7. I consent to the use of photography of my child in appropriate Day Camp publicity.

(Signed) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2018