

WELCOME
TO CAMP

& VBS

at

Apostles Lutheran Church

- WHAT:** DAY CAMP/PK-VBS
- WHEN:** July 19-23, 2010
9:00 a.m. - 3:00 p.m. Day Camp
9:00 a.m. - 3:00 p.m. VBS
- WHERE:** Apostles Lutheran Church
200 Kingsway Road
Brandon, FL 33510
(813) 689-2571
- COST:** \$40.00/child for Day Camp
\$40.00/child for PK-VBS
(Space is limited to 24 children for PK-VBS)
- MAXIMUM
COST
PER FAMILY:** \$80.00
- THEME:** Keeping the Earth!

What is Day Camp?

Day Camp is a Christ-centered, camp experience for children who have completed Kindergarten through 5th grade and a Middle School Class, designed to introduce a Bible Camp Experience to children without staying overnight away from home. A trained staff from Lutheran Outdoor Ministries of Florida (LOMF) will lead a complete Day Camp Program, including Bible study/story time, worship, arts and crafts, music and recreation at Apostles.

What is PK-VBS?

PK-VBS is a Vacation Bible School Program, designed specifically for 3 to 5 year-olds who are potty-trained, and operates from 9:00 a.m. - 3:00 p.m.. Children will learn about "Keeping the Earth!" through story time, crafts, music, recreation and games.

Space is limited to 24 children.

Please note: If this day is too long for your child, you may pick them up at 1:00 p.m.

Servants

Read through the Servant Opportunities Form attached for a variety of different ways for you to help with Day Camp or PK-VBS. Your active participation and willingness to SERVE is sincerely welcome throughout the week.

Registration

A Registration Form and a Health Form must be completed for EACH CHILD. A copy of each form is attached. If you need more forms, you may duplicate the forms attached, download forms from our website (www.apostleslutheran.net), pick up more at the Registration Table on Sundays or in the Church Office, Monday - Friday, 8:30 a.m.- 1:30 p.m. **Registration Fees are DUE at the time of registration. Please make checks payable to Apostles Lutheran Church.**

Before you decide that your child(ren) cannot attend Day Camp/PK-VBS for financial reasons, contact Kit at 689-2571.

Contacts

Need more information?

Contact Kit O'Rourke at 689-2571 for any questions concerning Day Camp.

Keeping the Earth!

at DAY CAMP/PK-VBS

AT APOSTLES ~ JULY 19-23, 2010

COME AND BRING A FRIEND!



ELEMENTS OF THE DAY CAMP/PK-VBS DAY

OPENING:

At the beginning of each day the daily theme is introduced through scripture, songs, skits and prayer.

BIBLE STUDY/STORY TIME:

A time for the children to use the Bible and experience God's word with each other.

ARTS AND CRAFTS:

Creativity time gives children an opportunity to have fun creating through hands-on activities.

SING-A-LONGS:

New songs and old favorites will be taught and shared. Some of the songs will have a serious message and others will be silly camp songs.

GAMES:

Recreation; time for everyone to burn up some energy, but also a time to learn to be good sports and to share.

SNACKS:

Snacks are provided each day.

LUNCH:

Each day every child brings a sack lunch. Remember to put the child's name (first and last) on his/her lunch.

QUIET TIME:

This is a required time after the noon meal for the children just to relax and take it easy; may include Veggie Tales Videos for Camp kids and/or a story time or rest time for VBS kids.

CLOSING:

Each day ends with closing worship. It will include a review of the day's lesson, skits, and songs. It will also prepare the children for the next day.

DAY CAMP/PK-VBS SERVANT OPPORTUNITIES

Please check those areas for which you would be willing and able to SERVE!

_____ Provide Housing for LOMF Staff Members

*It is required that at least 2 staff members stay in each host home. They will arrive Sunday evening, July 18th and leave Sunday, July 25th for their next camp. Counselors provide their own transportation. Host families provide an evening meal for all 8 staff counselors one evening in their homes. Breakfast and lunch provided by Apostles during camp.

- _____ Chef to cook breakfast & lunch for counselors
- _____ Chef assistant to help with kitchen duties
- _____ Snack/Lunch Team & Afternoon Preschool/VBS helper
- _____ Daily Attendance Keeper—mornings 8:45—9:30ish
- _____ Help with ice cream social on Thurs. evening
- _____ Daily Afternoon Clean-Up
- _____ Photographer (about 3 days)
- _____ Nurse (on site during camp)

DAY CAMP: Grades K-5 and Middle School class

- _____ Assistant to Camp Counselor; (mature H.S. or adults only)
...prefer grades K, 1, 2, 3, 4, 5 or middle school.
- _____ Crowd Control, help wherever needed

PK-VBS: Ages 3 & 4

- _____ Teacher
- _____ Aide (middle school, high school or adult)
- _____ Crafts
- _____ Recreation; Games

Name _____

Phone No. _____ E-mail: _____

Please indicate below the days and times you're available to SERVE!

Monday	_____ Morning	_____ Afternoon	_____ Both
Tuesday	_____ Morning	_____ Afternoon	_____ Both
Wednesday	_____ Morning	_____ Afternoon	_____ Both
Thursday	_____ Morning	_____ Afternoon	_____ Both
Friday	_____ Morning	_____ Afternoon	_____ Both

DAY CAMP/PK-VBS REGISTRATION FORM

Apostles Lutheran Church

July 19-23, 2010



Camper Name _____

Grade Just Completed (circle one) K, 1, 2, 3, 4, 5, 6, 7, 8 or PRE-K

Age of Child: _____ Gender: M F DOB: _____

Parent/Guardian _____

Address _____

Phone Nos. _____

(home)

(cell)

(work)

(other)

Church Home _____

I give my permission for my child to attend Lutheran Outdoor Ministries of Florida (LOMF) Day Camp and/or PK-VBS at Apostles Lutheran Church from July 20-24, 2009.

(Parent/Guardian)

(Date)

(yes)

(no)

I give my consent for the use of any photography and/or video of my child in future LOMF camp publications.

Cost: \$40.00/per child for Day Camp
\$40.00/per child for PK-VBS (Space is limited to 24 children)

Maximum Family Cost: \$80.00

Payment is DUE at the time of Registration. Please make checks payable to Apostles Lutheran Church. Before you decide that your child(ren) cannot attend Day Camp/PK-VBS for financial reasons, contact Kit at 689-2571.

We are blessed to have you and your family

DAY CAMP/PK-VBS REGISTRATION FORM



.....
Week of Camp Registration: _____

Name of Camper: _____
Last First Initial

Date of Birth: _____ Grade Completed: _____ Gender: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: Home: (_____) _____ Work: (_____) _____

If Not Available, in Emergency Call or Notify:

Name: _____ Relationship: _____

Address: _____ Phone: (_____) _____

Pick-Up Authorizations:

The person(s) named below are authorized to pick-up my child from Day Camp. I understand that the persons named on this form are the only persons, other than custodial parent/guardian(s) who will be permitted to pick-up my child without written permission.

Name: _____ Driver's License # _____

Name: _____ Driver's License # _____

NOTE: A physical is required only if there are any health problems or activity limitations noted in the health history on the health form. If there are no health problems or activity limitations listed, a physical is not needed. Please complete the following form and return to the Day Camp Coordinator prior to your week of camp. For campers under 18 years of age, this health form must be completed. Parents must complete the following form:

In the event of an accident or injury requiring medical attention, your personal insurance will be considered the primary carrier.

Company Name: _____ Policy #: _____

Company Address: _____ Zip: _____

HEALTH HISTORY: (Check - give approximate dates)

- Diabetes _____
- Convulsions _____
- Rheumatic Fever _____
- Ear Infections _____
- Chicken Pox _____
- Measles _____
- Asthma _____

- Allergies: _____
- Hay Fever _____
- Penicillin _____
- Poison Ivy _____
- Insect Stings _____
- Other Drugs _____

Operations or Serious Injuries (dates): _____

Chronic or Recurring Illness: _____

IMMUNIZATION HISTORY:

Please note date of shots or most recent booster doses. If dates are unknown, please indicate if the camper has received the immunization.

DtaP/DTP Series: _____

DT: _____

Td: _____

Polio: _____

Hib: _____

MMR combined: _____

MMR separate: _____

Hepatitis B: _____

Varicella: _____ Varicella Disease: _____

Tetanus: _____ Tetanus Booster: _____

DOCTOR'S REPORT: (REQUIRED ONLY IF CAMPER IS UNDER A DOCTOR'S CARE)

KNOWN ALLERGY: PLEASE SPECIFY _____

MEDICATIONS TO BE BROUGHT TO CAMP: _____

RECOMMENDATIONS OR RESTRICTIONS WHILE AT CAMP: _____

I have examined the person herein described **within the past 24 months** and have reviewed his/her history. It is my opinion that he/she is physically able to engage in camp activities except as noted above.

Signature of Physician _____ Date _____

Business Phone (_____) _____ Emergency Phone (_____) _____

Business Address _____ City, State, Zip _____

PARENTS' AUTHORIZATIONS:

I give my permission for my child to attend Lutheran Outdoor Ministries of Florida Day Camp. I also consent to the use of any photography and/or video of my child in current or future Lutheran Outdoor Ministries publications

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and/or the examining physician.

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

I also give permission for the camp to administer the following over-the-counter medications if the staff or nurse deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

- | | |
|------------------|-----------------------------|
| Headache | Acetaminophen (Tylenol®) |
| Menstrual Cramps | Ibuprophen |
| Poison Ivy | Calamine Lotion or CortAid® |

Signature of Parent or Guardian

Date

LUTHERAN OUTDOOR MINISTRIES OF FLORIDA
SUMMER STAFF (PAID AND VOLUNTEER) HEALTH & CONSENT FORM
(Must be completed for every worker)

 Name Date of Birth

 Emergency Contact Person(s) Phone(s)

Give details or additional information about any medical needs:

Medications presently being used:

Limitations or restrictions:

 Family Doctor

 Town Phone

 Health Insurance Co. Policy I.D. #

Check any that apply to you (give approximate dates):

- Frequent ear infections Heart Defect/Disease
- Convulsions/Epileptic Diabetes
- Hypertension Bleeding/Clotting Disorders
- Psychiatric Treatment Mononucleosis
- Date of Last Tetanus Booster Shot _____

Have you ever had:

- Chicken Pox Measles
- German Measles Mumps

Allergies:

- Hay Fever Ivy Poisoning, etc.
- Insect Stings Penicillin
- Asthma Animals (which) _____
- Other Drugs (list) _____
- Food (list) _____

Are you a vegetarian or do you have any special dietary needs? _____

Any other important information regarding you're health or well being?

Medical-Surgical & Consent Release: If I should require emergency medical treatment during my employment with LOMF, I hereby give my permission to the physician selected by the Camp Director to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for myself, as named above. I further authorize the staff of LOMF to administer over the counter drugs and medication as needed. I certify that I am not allergic to any non-prescription medications. I also consent to the use of any photography and/or video of my child in current or future Lutheran Outdoor Ministries Camp publications.

 Signature Date
 (If under 18, must be signed by guardian) _____ Date _____