



Welcome to Day Camp

"The Word Comes Near"

**June 9-13, 2025
9:00AM - 3:00PM M-Th
9:00AM-1:30PM Friday.**

(There will be an end-of week program & cookout for campers & their families beginning at Noon on Friday.)

Children completing K-6th grade.

**Apostles Lutheran Church
200 Kingsway Road
Brandon, FL 33510
(813) 689-2571**

\$25.00/child for Day Camp

MAXIMUM COST PER FAMILY: \$50.00

**Space is Limited!
Please return Registration forms by June 1, 2025.**



What is Day Camp?

Day Camp is a Christ-centered, camp experience for children who have completed Kindergarten through 6th grade, designed to introduce a Bible Camp Experience to children without staying overnight away from home. A trained staff from Luther Springs will lead a complete Day Camp Program, including Bible study/story time, worship, arts and crafts, music and recreation at Apostles.

Volunteers

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

Registration

A Registration Form and a Health Form must be completed & signed for EACH CHILD. Please complete both front and back of each form.

A copy of each form is attached. If you need more forms, you may duplicate the forms, download forms from our website (www.apostleslutheran.net), pick up more at the Registration Table or in the Church Office, M - Th, 8:30 AM - 1:30 PM.

Register Early! Space is Limited!

**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 for financial reasons, contact Jen Bidding at 813-689-2571.

Contacts

Need more information?

Contact Pastor Luke, Jen Bidding or Liz Jimenez, at 813-689-2571
for any questions concerning Day Camp.

"The Word Comes Near"

AT APOSTLES ~ June 9-13, 2025
9:00 AM - 3:00 PM Monday-Thursday
9:00 AM-1:30 PM on Friday

COME AND BRING A FRIEND!



ELEMENTS OF THE DAY CAMP

MORNING WORD:

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:

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 time to allow the kids to catch their breath. The counselors will review what was learned during the day using journal writing, stories or other quiet activities to help in this time for reflection. A short movie may be shown.

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 Volunteer Opportunities

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

_____ Provide Housing for Luther Springs Staff Members*

*It is required that at least 2 staff members stay in each host home. They will arrive Sunday evening, June 8 and leave Friday, June 13 for their next camp. Counselors provide their own transportation. Breakfast and lunch are provided by Apostles during camp.

_____ Snack/Lunch Team

_____ Daily Attendance—mornings 8:45—9:30; 2:45 for closing.

_____ Help with cookout on Friday

_____ Photographer

_____ Provide dinner for counselors M T W Th (circle)

_____ Gift Card to Local Restaurant

_____ Host dinner in your home

DAY CAMP:

_____ Assistant to Camp Counselor; (mature H.S. or adults only)

_____ Crowd Control, help wherever needed

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



**Apostles Lutheran Church
Day Camp Registration
June 9-13, 2025**

Camper Name _____

Grade Just Completed (circle one) *K, 1, 2, 3, 4, 5, & 6*

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

Parent/Guardian _____

Address _____

Phone Nos. _____

(Primary contact name)

Number

(Alternate contact name)

Number

(Alternate contact name)

Number

Email _____

Church Home _____

I give my permission for my child to attend Novus Way/Luther Springs Day Camp
at Apostles Lutheran Church from June 17-21, 2024

(Parent/Guardian)

(Date)

I give my consent for the use of any photography and/or video of my child in any Luther
Springs/Novus Way or Apostles Lutheran Church camp publications.

Yes _____

No _____

Cost: \$25.00/per child for Day Camp

Maximum Family Cost: \$50.00

**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 for financial reasons, contact Jen Bidding at 813-689-2571.**

We are blessed to have you and your family be a part of our Day Camp.

**Day Camp Waiver Release Form Effective for all Day Camp activities with
Apostles Lutheran Church, Brandon, FL**

Child's Name	Grade Just Completed	Food/Drug Allergies	Other pertinent medical information

Phone #: _____ Cell #: _____

Address: _____

Parent or Guardian's Name: _____

Parent Contact Info: Home Phone: _____ Business Phone: _____ Cell #: _____

Medical Information Physician's Name and Phone # _____

Health Insurance Co. _____

Policy #/ID _____

I give permission for my child(ren) to participate in Apostles Lutheran Church Vacation Bible School.

Medical Release:

In the event of an emergency, I hereby authorize Apostles Lutheran Church, Brandon FL and its staff, employees, volunteers and helpers (collectively "Representatives") to take any steps they deem necessary to obtain emergency medical/hospital care, for my child(ren) and I hereby release Apostles Lutheran Church and its Representatives from any financial liability incurred during such emergency treatment.

Church Release:

I hereby release Apostles Lutheran Church and its Representatives from any liability for injury or damages suffer by the above child(ren) and agree to release indemnify and waive any rights by subrogation I may have, and hold harmless Apostles Lutheran Church and its Representatives for claimed or asserted injury or damage to my child(ren). I understand that this release is a contract. No oral representation, statements or inducements apart from the above written agreement have been made. I expressly state that I have read, understand and am familiar with all its observations and that I sign it of my own free will. I further expressly agree that this release, waiver and indemnification agreement is intended to be as broad and inclusive as is permissible by the laws of the State of Florida and that if any portion of this agreement is held to be invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect. I hereby state that I am the parent or guardian of the minor(s) whose name(s) appears above. I am familiar with and consent to the terms and conditions set forth in this release of liability.

Parent or Guardian Name (Please Print) _____

Signature of Parent or Guardian _____ Date _____

See other side

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Apostles Lutheran Church, Brandon, FL**

Emergency Contact:

If your child becomes ill or needs medical attention we attempt to contact the parents using the information given above. If parents are not available, call or notify:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Personal Information:

Please share any information that will help us give your camper the best experience possible.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp?

Any emotional upsets? _____

Is your child apprehensive about anything at camp? _____

Any other suggestions or special information for the counselor? _____
