

Welcome to Lutheroad at Friendship Lutheran Church!

What is Day Camp?

~Day Camp is a five-day program where many of the benefits of camp at Lutheridge come right to the local church. The program includes fun, worship, games, Bible study, fellowship, crafts, sharing and prayer.

Why Day Camp?

~The purpose of Day Camp is to provide the local church with a quality Christian experience in the local community. While we hope to get youth interested in Lutheridge programs, our bigger concern is to get them excited about forming faith and the local congregation.

What will we be learning?

~The curriculum, taught by the Lutheridge staff, has been written specifically for this Lutheroad Day Camp program. The 2024 theme is: God Can! It includes stories of how God delivers and empowers God's people from sticky situations.

What will our days look like?

TYPICAL SCHEDULE

- **8:45 Drop off**
- 9:15 Morning Watch
- 9:30 Activity #1- Bible Study/ Crafts
- 10:30 Snack
- 11:00 Activity #2- Bible Study/ Crafts
- 12:00 Lunch
- 12:45 Quiet Time
- 1:15 Activity #3 (or field trip-special activity for the rest of afternoon)
- 2:30 Activity #4
- 3:45 Closing/Wrap Up
- **4:00 Pick Up**

What does your camper need to bring each day?

1. Water Bottle
2. Towel (preferably big enough for your child to rest on)

Camp staff, together with folks from our church, will lead the experience. We will begin at 9:00 am and conclude at 4:00 PM, Monday through Thursday. On Friday, the day camp will conclude at noon with a closing program for parents.

Lutheridge Day Camp is a unique experience. It is a time for young people to learn, grow, and discover more of God's love and what it means to be part of the family of God. If your child has specific needs, please talk with Pastor Josh or myself before the first day of camp or at drop off time so that we can do our best to create an optimum learning environment. You may also contact the church office if you have any questions, or if we can help further in your planning and preparations.

Thank you for sharing your child with us! We look forward to a wonderful week together!

~Payton Boyles - Day Camp Coordinator - (828) 310-1868

Registration Fee \$50 - Paid _____

Friendship Lutheran Church - Lutheroad Day Camp Registration

Camp Dates: July 8th - 12th

Camp Drop off: 8:45 a.m.

Camp Pick up: 4:00 p.m.

Camper's First Name: _____ Last Name: _____ Circle: Male Female

Camper's Address: _____

Camper's Birthday: _____ Last grade completed by camper: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

****If same as above, just write SAME****

Parent/Guardian Phone # _____ Additional Phone # _____

In case of an emergency, please contact:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Photo Release Consent Form

Dear Parent/Guardian,

During the course of this camp, your child may be photographed during the day as they are participating in camp activities.

Permission to photograph your child? _____ Yes _____ No

***Photographs taken will be posted on Friendship Lutheran Church's social media page(s) and could be used for promotional materials.*

A detailed health form is attached to this packet and *MUST BE COMPLETED* for your camper to attend.

Please complete the questionnaire below to help our counselors connect with your child.

Favorite Snack:	Favorite Drink
Favorite Color:	Favorite Sport:
Favorite TV Show:	Favorite thing to do outside:
Favorite thing to do inside:	Favorite ice cream flavor:

Thank you for allowing your child to attend! We are so excited for this opportunity and pray for God's guidance and blessings on this camp! If you have questions, please don't hesitate to ask!

- Payton Boyles - Camp Coordinator - (828) 310-1868

Church Name: _____
 Dates of Day Camp: _____
 Address: _____

DAY CAMP HEALTH HISTORY FORM

This Day Camp is a partnership between Lutheridge and your local congregation (above). We want to provide your child with the best possible week at camp including spiritual, physical, and social growth. You can help by carefully filling out this form. Health forms must be turned into the Day Camp coordinator no later than the first morning of the Day Camp. **Each camper must have a completed health form on file or WILL NOT be admitted to Day Camp.**

PLEASE PRINT

Full Name of Camper _____
 Last First MI (Circle or write name called)
 Age _____ Birth date _____ Male Female
 Camper's Address _____
 City _____ State _____ Zip _____
 Name (s) of Parent (s) or Guardian _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

If I cannot be reached in an emergency call: _____ Relationship: _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 Name of Child's Physician: _____ Phone (____) _____

Health Insurance Information:

Lutheridge and the local congregation have secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier name _____
 Carrier Address _____
 Policy # _____ Phone _____
 Policy Holder's Name _____
 Policy Holder's Social Security # _____ Policy Holder's Date of Birth _____

Medical Release and Authorization For Treatment

This day camp is a partnership between Lutheridge and the local congregation listed above. The undersigned, as parent/legal guardian of the camper, authorizes Lutheridge and the local congregation, its delegated leaders, directors, and medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. Day Camp leaders will endeavor, but are not required, to communicate with me prior to treatment. The undersigned releases Lutheridge and the local congregation, and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off site.

Printed Name _____ Signature _____ Date _____

CAMPER HEALTH HISTORY CONTINUED

Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Activities from which the camper should be exempted for health or other reasons: _____

Does camper know how to swim? Yes No Somewhat

Allergies: Please list any allergies (food, medicine, insect stings, etc.): _____

Asthma: Severe Moderate Mild Triggers? _____

Nutritional/dietary restrictions: _____

Diabetic? No Yes Vegetarian? No Yes

Camper Medications:

A first-aid kit will be present at all times. It contains the following medications: Tylenol, Motrin, Cold Medication and Antacids/Antidiarrheals. **May your child receive these medications if needed?**

Yes No Comments: _____

<p>IF YOUR CHILD NEEDS TO BRING ANY MEDICATION TO BE TAKEN DURING DAY CAMP HOURS PLEASE FILL OUT THE INFORMATION BELOW. All medications (including aspirin, vitamins) must be checked in with the local coordinator upon arrival.</p> <p>I give my permission for the Local Coordinator or designated church volunteer to keep and administer the following medications:</p> <p>Name of Med. _____ Dosage _____ How often _____</p> <p>Name of Med. _____ Dosage _____ How often _____</p> <p>Any special information concerning this medication? _____</p> <p>Signed _____ Date _____</p> <p style="text-align: center;">Parent or Guardian Name</p>

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? _____