

MEDICAL RELEASE FORM

CAMPER'S NAME [first and last]

DOES CAMPER HAVE ANY SPECIAL MEDICAL NEEDS OR PHYSICAL LIMITATIONS [please list]:

WILL CAMPER BRING MEDICATIONS TO DAY CAMP [if YES, please list]:

Health Insurance Company: _____

Policy Number/Group ID: _____

Medical Release [please read and sign]:

I hereby give permission for my child (named above) to attend Kiddie Day Kamp, sponsored by Child Evangelism Outreach Inc. In my capacity as the parent/guardian of the child, I waive any right to sue Child Evangelism Outreach Inc., its employees or volunteers, and/or board members as a result of any and all accidental injuries, damages, or losses sustained by the above-mentioned minor while at day camp. I hereby appoint the Directors, John J. and Gayle Stahlman, to act on my behalf in the event that I cannot be reached, and transport to a medical facility or medical treatment is deemed necessary. I understand that the directors will use their best judgment in procuring a doctor and other medical staff should treatment for an emergency be required. (All effort will be made to contact me first, except in a situation that is deemed life threatening; in this case, I will be contacted as soon as possible after emergency personnel has been contacted).

I also hereby give permission for photos of my child to be used in future promotional flyers and other print media, as well as electronic media, such as the Child Evangelism Outreach Inc. website and/or Facebook group page.

PRINTED NAME _____

SIGNATURE _____

DATE _____

Send completed form with payment of at least a \$15.00 DEPOSIT - you may pay in full with all except the \$15 deposit being refundable.

OFFICE USE:

DEPOSIT _____ BALANCE _____

Camper # _____

Kiddie Kamp Activities

Bible Lessons

Exciting Missionary Story

Song Time

Puddle Time

Crafts

Puppets

Snack Time

Outdoor Recreation

Surprise Time

and more fun, fun, fun!

Camper should bring the following each day:

- Bagged Lunch with name on bag or lunchbox
- Sweater or Jacket (if the day is suppose to be cool)
- Missionary Offering for the special missions project
- Quiet Time Notebook daily beginning on Day 2

We will provide a morning snack!

Campers will have many opportunities to earn points to spend in the KIDDIE KAMP STORE at the end of the week following the Awards Program. Encourage your child to participate fully to earn as many points as possible.

SEND REGISTRATION TODAY TO HOLD YOUR SPOT. SEND TO:

KIDDIE KAMP
c/o CEO INC.
1654 Park Avenue
Washington, PA 15301-5965

For answers to any questions, call our office at 724.223.0855

KIDDIE KAMP 2017

A SPECIAL
DAY CAMP
EXPERIENCE

FOR
PRESCHOOL

AND

KINDERGARTEN AGE
CHILDREN



SPONSORED BY
CHILD EVANGELISM OUTREACH INC.
WASHINGTON, PA

What is Kiddie Kamp?



KIDDIE KAMP

. . . . is a summer day camp experience designed specifically for children who are preschoolers or in kindergarten. The program consists of Bible lessons, missionary stories, games, crafts, outdoor activities, songs, and more.

All children ages 4 through 6 are welcome to attend. If a 3-year-old will turn 4 by the end of this year, he/she is also invited to attend **if potty-trained.**

Please... no younger 3-year-olds! If a 6-year-old turns 7 sometime during the Kiddie Kamp week, he/she is still welcome.

REGISTRATIONS are on a first-come, first-served basis. Because of space, we can handle only **15 children at Kiddie Kamp.**

Be sure to register and pay **\$15 deposit** early to hold your spot.

When is Kiddie Kamp?

ONE Week this year

[limited spaces available]

June 26 - June 30

KIDDIE KAMP begins at **9:40 AM** each day and ends at **2:00 PM** each day

- except on Friday when we end a little earlier and present the program and celebrate with a picnic for the entire family!



Cost of Kiddie Kamp . . .

\$30 per child

or **save \$5.00** if registered early—

POSTMARKED BY MAY 15TH

**IF POSTMARKED BY THE EARLY DEADLINE,
PAY ONLY \$25.00 PER KIDDIE KAMPER**



REGISTERED CHILDREN ONLY

REGISTRATION FORM

[PLEASE COMPLETE BOTH SIDES—**PRINT** ALL INFORMATION EXCEPT FOR SIGNATURE]

CAMPER'S NAME [first and last] _____

DATE OF BIRTH [mm/dd/yyyy] ____ / ____ / ____

AGE FIRST DAY OF CAMP ____

COMPLETE ADDRESS _____

HOME PHONE _____

CELL PHONE _____

ANY OTHER CONTACT # _____

IS THIS SPOUSE FAMILY FRIEND NEIGHBOR

EMAIL [optional] _____

HOME CHURCH [if applicable] _____

DOES CAMPER HAVE A NICKNAME [shortened version of name he/she likes to be called]? _____

CAMPER'S FAVORITE

COLOR(S): _____

INDOOR ACTIVITY: _____

OUTDOOR ACTIVITY: _____

Anything else about your camper you would like to share with the staff: _____

Please...complete other side [medical release]