

**First Presbyterian Church of South Bend**  
**Redbud Day Camp**  
**Campers Forms**

In order to register your child for camp, please complete the following forms per child and return to the office of First Presbyterian Church. Camper registration is open to 5 years old through 6<sup>th</sup> grade. Counselors have a separate application and are limited in the availability of spaces.

Also, enclose the registration fee of \$35 per child.

Please complete:

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| _____Child/Youth Information Form     | _____Permission Slip for Activities |
| _____Medical Information & Release    | _____Bug/sunscreen spray form       |
| _____Check or cash for \$35 per child |                                     |

**PLEASE PACK FOR YOUR CHILD ON THE DAYS OF CAMP:**

- |                |  |            |
|----------------|--|------------|
| _____Lunch     | _____Bathing suit                            | _____Towel |
| _____Bug Spray | _____Sun Screen (if not using camp provided) |            |

**Keep this page as a reference for packing each day.**

Please return the forms and payment as soon as possible so we have an accurate count for the week. Any questions, please contact the office of First Prebyterian Church, South Bend (574) 234-4159.

**First Presbyterian Church of South Bend**  
**Child/Youth Information Form**

**Redbud Day Camp**

Child's Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Gender: M F Child's cell (NA) \_\_\_\_\_

Child's e-mail (NA) \_\_\_\_\_ School \_\_\_\_\_ Grade in school: \_\_\_\_\_

Need Transportation to Camp: \_\_\_\_\_ T-Shirt Size(adult): S M L XL - Child: S M

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (other) \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Non-Custodial Parent (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Names and birthdates of brothers and sisters \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Adults/Family Members Who May Drop Off/Pick Up Child

Name	Relationship
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_____	_____
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_____	_____
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_____	_____
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Redbud Day Camp Camper forms

I grant permission for First Presbyterian Church personnel to photograph and/or video record my child participating in church activities and to use his/her likeness (without names) in church publications (print and/or electronic).        ☐    YES    ☐    NO

I grant permission for First Presbyterian Church personnel to administer necessary First Aid and to seek emergency medical attention for my child if needed.        ☐    YES    ☐    NO

We follow both Indiana and Michigan Laws as it relates to reporting Child Abuse.

Is there anything special about your child that you would like us to know, (e.g., custodial arrangements, persons to whom your child should **not** be released?)

Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY:

☐ Medical form

☐ Paid

☐ Sunscreen/bug spray form

☐ Permission slip

**First Presbyterian Church of South Bend**  
**Parent/Guardian Permission Form for Child/Youth Activities**  
**Redbud Day Camp - Summer**

*This form is required for all children and youth in grades kindergarten through twelve participating in off-site activities, and must be on file in the Church Office for your child or youth to be included in any such events.*

I, \_\_\_\_\_ (Name of parent or guardian) give permission for my son/daughter \_\_\_\_\_ to participate in the **Redbud Day Camp** sponsored by First Presbyterian Church of South Bend.

It is my understanding that the event will be held on **July 17 - 20, 2023** from **8:30 AM** to **3:00 PM** (date and time). The location of the event will be at **Redbud Trail Retreat, Buchanan, MI**, which will be reached by **School Bus** (mode of transportation). \* **If riding the bus, please be at the church by 8:20 AM. The bus will return by 3:00 PM.**

I have completed all forms (including Child/Youth Information and Medical Information and Release) as required by the leaders of the event. I have also read all of the information with regard to the itinerary, schedule, and group rules.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Leader in Charge Signature \_\_\_\_\_

Date Received \_\_\_\_\_

***FIRST PRESBYTERIAN CHURCH OF SOUTH BEND***  
***CHILD/YOUTH MEDICAL INFORMATION AND RELEASE***

Child's Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

Child's Date of Birth    /    /

Parent/Guardian Name(s) \_\_\_\_\_, \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W-M) \_\_\_\_\_ Phone (W-F) \_\_\_\_\_

Cell Phone (whom) \_\_\_\_\_ E-mail \_\_\_\_\_

( ) I attest that all immunizations required for school are **up** to date. \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

My Child has the following Allergies (foods, medications, insect bites, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My Child is taking the following Prescriptions/Reason: (e.g., Claritin/allergies; Ritalin/ADD). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The program supervisor \_\_\_\_\_ **may** \_\_\_\_\_ **may not** administer medications.

Over-the-counter medicines (e.g., Tylenol, Pepto-Bismol) may be administered to my child for minor ailments.  
List those allowed \_\_\_\_\_

Other health issues concerning my child are \_\_\_\_\_

\_\_\_\_\_

Should emergency medical treatment be necessary I authorize: **Jennifer Bvers, Mike Bvers, Dana Blanchard,**  
**Whitney Culp, or Wendy Henry**

(name of the group leader and/or leaders) to act on my behalf and approve appropriate treatment.

Redbud Day Camp Camper forms

Child's Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Dental Insurance Carrier \_\_\_\_\_ Policy No.: \_\_\_\_\_

Other Important Health Care Professionals (e.g., eye doctor, orthodontist, psychotherapist, allergist, etc):  
\_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact/Relationship/Phone Numbers (please list at least one person not in your household:

e.g., Joan Smith/neighbor/123-4567) \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, I hereby authorize the adult leader in charge to select and secure appropriate medical personnel for my child. Further, I authorize those medical personnel to perform and provide all reasonably necessary medical care, including but not limited to, diagnostics (e.g., radiology), hospitalization, anesthesia, surgery, and prescription drugs, advisable for the health of my child/youth.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

We are looking forward to a great summer at Redbud! Please make sure that you pack the following for your child each day:

Lunch (we will provide a drink)

Bathing suit

Towel

Bug spray/sunscreen-we will provide this but if want a particular brand used, you should supply this item. The bug spray we have will contain DEET. Please indicate below if you will be supplying an item.

It's important to realize that your children **will** be in touch with nature this week, This might include walking in the river (if it doesn't rain), playing on the rope swing, climbing on a tree, and swimming in the pool. We want the best experience possible for your children. We want to encourage you to check for ticks each day on your kids.

**Please check the following and sign and date below.**

☐ **Yes, my child/ren can** ☐ **No my child/ren can't** have bug spray.

☐ **Yes, my child/ren can** ☐ **No my child/ren can't** have sunscreen.

☐ I will supply my children with bug spray.

☐ I will supply my children with sunscreen.

I \_\_\_\_\_ of \_\_\_\_\_  
(Parent or Guardian) Camper(s)

Hereby give permission for the staff and volunteers at Redbud camp to apply bug spray and sunscreen on my child/ren as they see needed.

\_\_\_\_\_  
Signature Date