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 6th 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 ____________________________

__________________________________________________________________________

Continued on the next page.
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 15 – 18, 2024 from 8:20 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.) ______________________________

g __________________________________________

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 Byers, Mike Byers, Dana Blanchard, Whitney Culp, or Wendy Henry

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

Continued on the next page
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 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