

First Presbyterian Church of South Bend
FPC Day Camp
Campers Forms

In order to register your child for camp, please complete the following forms per child and return them to the office of First Presbyterian Church. Camper registration is open to children 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 \$45 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 Presbyterian Church, South Bend (574) 234-4159.

First Presbyterian Church of South Bend Child/Youth Information Form

FPC 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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_____	_____
_____	_____
_____	_____

FPC 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
FPC 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 **FPC Day Camp** sponsored by First Presbyterian Church of South Bend.

It is my understanding that the event will be held on **July 13 - 16, 2026**, from **8:20 AM** to **3:00 PM** (date and time). The location of the event will be at the **Redbud Trail Retreat, LLC, 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, 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 Byers, Mike Byers, Dana Blanchard,**
or Whitney Culp,

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

FPC 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 FPC Day Camp! 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 you 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 FPC Day Camp to apply bug spray and sunscreen on my child/ren as they see needed.

Signature

Date