



Campers Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Camper lives with:  Both Parents  Father  Mother

Other \_\_\_\_\_

Father's Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Contact Phone # \_\_\_\_\_

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

Grade entering in Fall 2011 \_\_\_\_\_ Gender  M  F

Age at date of Camp \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

First time camper at Camp Manna?  yes  no

School child attends \_\_\_\_\_

**Please Indicate Weeks of Attendance Below**

- wk 1-June 13-17       wk 6 - July 18-22
- wk 2 -June 20-24       wk 7 - July 25-29
- wk 3 -June 27-July 1       wk 8 - Aug 1-5
- wk 4 - July 5-8(closed 4th)       wk 9 - Aug 8-12
- wk 5 - July 11-15       wk 10 - Aug 15-19
- Full Summer Program (receive a week free if you attend all 10 weeks!)

**Mocksville Pick-up / Drop off**

**Check Here if you plan to use Pick-Up/Drop off (MUST FILL OUT separate form, check website or call office)**

**\*\*\*IMPORTANT \*\*\* If you sign up for week and then don't attend, you will be responsible for paying a "no show" fee of \$50. Please let us know 7 days in advance if your child will not be attending in order to avoid this charge. This is in place to ensure that as many children as possible can attend Camp Manna.**

**CAMP FEES**

**Registration Fee \*\*\* Non-Refundable \*\*\***

\$10.00 (1 -3 weeks of attendance)

\$20.00 (4-10 weeks of attendance)

**Weekly Rate (due MONDAY MORNING of each week. Cash and/or check accepted.)**

1 child = \$100/week

2 children = \$175/week

call office for other group rates

**\*\* children MUST be siblings in order to receive discount and they MUST attend camp on the same week!!**

**\*\*\* FEE and FORM must be returned by MAY 1 to guarantee your child's spot. All others will be on first come, first serve basis.**

**MEDICAL INFORMATION AND WAIVER**

Check any allergies the camper has:

Bee Stings  Yes  No  Has never been stung

Peanuts  Yes  No  Other Nuts: \_\_\_\_\_

Penicilin  Yes  No

Other Allergies: \_\_\_\_\_

Type of Reaction \_\_\_\_\_

Treatment Given: \_\_\_\_\_

List any specific activities to be restricted or any physical or mental limitations we should be aware of: \_\_\_\_\_

**INSURANCE INFORMATION/PARENTAL CONSENT**

Name of Guardian with Insurance: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

I hereby grant permission of \_\_\_\_\_ (camper's name) to attend Camp Manna Summer Day Camp. In my capacity as parent or guardian, I hereby wave any rights that I, or said minor child, may have to sue Camp Manna Ministries, Inc or any of their employees, as a result of any and all injuries, damages, or losses sustained by the mentioned minor child while participating in the camp program. I affirm that the individual is in good health and suffers from no illness, disability or condition that may or may not require taking medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason that the applicant cannot participate in camp recreation activities. I hereby authorize emergency medical treatment to be performed by camp staff and/or attending physicians at a local clinic or hospital, to my child, in my absence. In my capacity as a parent and/or guardian and on behalf of the applicant, I hereby release Camp Manna Ministries and its staff from any and all liability from injury or illness, mental or physical, suffered by the applicant during or related to camp.

Signature of Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Photo Release:** By initialing this page, I hereby release the right to Camp Manna to use pictures and/or video taken of my child during summer day camp recreation to be used for promotional purposes including, but not limited to, newspaper ads, brochures, newsletters, website, etc.

\_\_\_\_\_ Parent's Initials

\*\*\*\*\*

**T-Shirts - each camper will receive a t-shirt.**

**Please circle size.**

**Youth: XS (4-5) S(6/8) M(10/12) L (14/16)**

**Adult: S M L**

\*\*\*\*\*

Mail Completed Form and Fee To:

**Camp Manna Ministries**

**Summer Day Camp**

243 Gibson Way

Mocksville, NC 27028

336.284. CAMP

*www.campmanna.org*

*info@email.campmanna.org*

# CAMP MANNA MINISTRIES

## SUMMER DAY CAMP 2011 JUNE 13 - AUGUST 19

Camp Manna Summer Day Camp is geared for students in grades 1<sup>st</sup> through 7<sup>th</sup>. Our weekly themes will be based on Biblical principles and will be incorporated into our crafts and field trips. Tuesdays and Thursdays are scheduled swimming days. We will notify parents if a swimming day is changed. Keeping your children cool and well hydrated is a high priority.

### **COST:**

\$100 per week/per student.

\$175 per week / per 2 siblings

\* Most field trips and off campus activities are included in this price.

\* Attend all summer and receive your last week free!!

### **Registration Fee:**

\$10 (1 - 3 weeks of attendance)

\$20 (4 - 10 weeks of attendance)

**PAYMENT INFORMATION:** Must be made on MONDAY of the week your child attends. *Forms of payment include Cash or Check. Please make checks payable to Camp Manna Ministries.*

**THINGS TO BRING:** Each day the students will need to be dressed for outdoor activities. .

### Please Bring the Following Items Each Day!!!

- \* Backpack to keep personal items in
- \* Lunchbox/Small Cooler/Etc
- \* Tennis Shoes (If students wears sandals or flip flops, please make sure he/she packs a pair of tennis shoes for activity time.)
- \* Water Bottle (Extremely Important). Ice and water provided to refill bottles
- \* Swimsuit, Beach Towel, and sandals/flip flops for swim days (Tuesday and Thursday)
- \* Sunglasses or Hat

**LUNCH:** We will be participating in the summer lunch program provided through the Davie County School System. Students will be taken to Cooleemee Elementary School for a FREE lunch! Any student who wishes to pack their own lunch may do so, however we encourage everyone to participate in this wonderful service provided by our local school system. If a student chooses to pack their lunch they will need to pack it in a cooler type lunch box. No microwave or refrigeration provided. Please pack accordingly. We will notify you on days we will not be going to Cooleemee.

**SNACKS:** A morning and afternoon snack will be provided each day. There will always be water available to keep everyone hydrated and feeling great! If you have an extra hungry camper, you may want to pack a few extra snacks to have throughout the day.

**FIELDTRIPS:** Each week we will go on a fieldtrip. Most of our fieldtrips will NOT require any extra money. However if your student wishes to purchase extra snacks, souvenirs or extra game tokens he/she will need to bring their own money. Camp Manna will still provide a morning and afternoon snack on those days. We will arrive back to Camp Manna between 4:00 and 4:30 p.m. *See Calendar for Fieldtrip schedule.* Please know we make every effort to provide quality fieldtrip activities. There may be times our fieldtrip schedule changes due to weather or scheduling issues. Check with counselor at the beginning of the week if you have any questions.

**\*\*If a fieldtrip requires extra money, parents will be notified \*\***

**ARRIVAL/PICK UP:**

Arrival 6:30 a.m. until 8:30 a.m.

Pick-up 4:15 p.m. until 5:15 pm.

(at Camp Manna Site)

**Mocksville Pick up/ Drop off**

location will be the Davie County Public Library. Students will be picked up and dropped off at this location every day. There is an additional fee for this service. Please visit our website or call our office for more information.

*Camp Manna reserves the right to charge a \$25.00 late pick up fee per incident for any student who is consistently picked up late.*

**STAFF:** We are committed to providing a Christian staff that desires to see your child fully enjoy the summer in a Christ centered atmosphere. It is our intention that each student be shown the love of Christ through our planned activities and relationships with counselors. A CPR certified staff member will be present.

**FACEBOOK:** We will be posting weekly announcements and updates on our Facebook Page.

*If you would like to receive more information about Camp Manna please contact our office by phone at 336.284.CAMP. If you find this packet does not answer all of your questions, please let us know. We want you to feel that your child is in a safe environment and that our staff is fully aware of their needs. We are excited to offer you this program. We hope you have chosen our program with a desire to see your child have an emotionally uplifting time. Our staff, as well as other supporters of Camp Manna, will be faithfully praying that your child will have a great experience this summer.*

# Pick Up / Drop Off Form

Child's Name \_\_\_\_\_

Age: \_\_\_\_\_

**Please check box beside the site you will be using**

## **Mocksville Site - (Public Library)**

**\*\* \$10 Weekly Fee for this service \*\***

Morning Time - 7:30am - 7:45 am

Afternoon Time - 5:15 pm - 5:30 pm

## **Camp Manna - (Arbor Area)**

**\*\* No Fee. All Parents must drop off & pick up child at Arbor \*\***

Morning Time - 6:30 - 8:00am

Afternoon Time - 4:15 - 5:15pm

I hereby grant permission for my child/children \_\_\_\_\_  
(**student's name**) to be transported by Camp Manna Summer Day Camp Staff to and from their facilities. I understand that if my child is not picked up by 5:30 pm they will be transported back to Camp Manna until a parent arrives. This will also result in a late pickup charge of \$25.00 if the issue becomes consistent.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

Please provide contact phone numbers to call during our pickup/dropoff time.

Contact Name \_\_\_\_\_

Phone Numbers \_\_\_\_\_ or \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Numbers \_\_\_\_\_ or \_\_\_\_\_

Please list the names of people (other than parent/guardian listed on registration form) who have permission to pick your child up at our pickup sites.

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_