



WESTMINSTER PRESBYTERIAN CHURCH AND  
CAMP GREENWOOD\*  
PRESENT

# GREENWOOD DAY CAMP

## JULY 25 - JULY 29, 2011

HELD AT

# WESTMINSTER PRESBYTERIAN CHURCH

1515 HELEN STREET, PORTAGE, MI 49002

269-344-3966

[www.wpcportage.org](http://www.wpcportage.org)

Children going into kindergarten through fifth grade are invited to a weeklong adventure at Westminster Presbyterian Church. Activities, lead by the Greenwood staff, include crafts, sports, Bible stories, singing, and daily field trips for bowling and miniature golf and canoeing.

Day camp runs from 9 am and to 5 pm (bring a lunch—snacks and beverages provided). An optional overnight campout on Thursday night is available for children who are going into third to fifth grades. Parents are invited on Friday for a talent show and ice cream social.

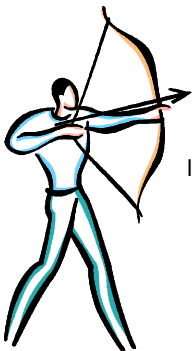
The theme is the fruit of the Spirit from Galatians 5:22.

"The fruit of the spirit is love, joy, peace, patience, kindness, generosity, faithfulness, gentleness, and self-control."

Registration fee is \$60 for the first child and \$50 for additional siblings until July 18.

After July 18, the fee is \$75, and \$65 for siblings.

Scholarships are available. Please contact the church office.



\*Camp Greenwood is a Christian camp whose mission is to build a community for all ages which encourages Christian growth, models acceptance of individual differences, and nurtures friendships in the out-of-doors as a place for encountering and enjoying God's good creation. Learn more about Camp Greenwood at [www.campgreenwood.org](http://www.campgreenwood.org).



# GREENWOOD DAY CAMP REGISTRATION

Make checks payable to and mail form to: Westminster Presbyterian Church,  
1515 Helen Street, Portage, MI 49002  
westminsterp@wpcportage.org 269-344-3966

## CAMPER INFORMATION

Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

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

Birth date: \_\_\_/\_\_\_/\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ School grade in the fall \_\_\_\_\_

Church Name \_\_\_\_\_

## MEDICAL INFORMATION

Custodial parent(s)/Guardian(s) \_\_\_\_\_

Address (if different) \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email address \_\_\_\_\_

Day Phone # (\_\_\_\_) \_\_\_\_\_ Evening Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Please list any medical conditions including food or drug allergies

\_\_\_\_\_

Does your child have any disabilities or medical/physical conditions that will require special accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain

\_\_\_\_\_

Any additional information we should know?

\_\_\_\_\_

## Medication

Please list the name, side effects, quantity and purpose of each prescription or over-the-counter medication you brought with you to camp. NOTE: ALL MEDICATIONS MUST REMAIN IN THE ORIGINAL PHARMACY LABELED CONTAINER THAT BEARS THE CAMPER'S NAME ON IT--LOOSE PILLS WILL NOT BE ACCEPTED. Be sure containers are clearly marked with the name of the prescribing physician, the name of the Medication, the dosage and strength, and how often the medication is to be taken.

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

## INSURANCE

Primary \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

Insurance phone # (\_\_\_\_) \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Does your insurance company require preauthorization before treatment? \_\_\_ Yes \_\_\_ No

## DEPARTURE

My child may be picked up by the following individuals, beside the parent(s) or guardian(s) listed above:

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

I, the above listed Guardian of the Camper listed above, give permission to Camp Greenwood & Westminster Presbyterian Church to:

- Obtain medical treatment and disclose emergency medical information to staff and/or emergency medical personnel
- Transport my child by school bus for field trips and walk to nearby locations off church grounds for activities
- Utilize all pictures taken of my camper by either photographic, video or digital means for promoting the camp's ministry

I certify that the above information is correct and give my permission for the above mentioned child to participate in day camp.

Custodial Parent(s)/Guardian(s) \_\_\_\_\_ date \_\_\_/\_\_\_/\_\_\_