

Beloved Community Day Camp

Sponsored by the Centre Hall Council of Churches

Program Provided by: Susquehanna Conference Camp & Retreat Ministry, Wesley Forest Camp

Who: Kids who have COMPLETED Kindergarten – 5th Grade by Spring 2025

Dates: August 4th-8th

Times: 8:30 am – 4:00 pm

Location: Penn's Prairie at Tri-Municipal Park, 2400 Upper Brush Valley Rd., Centre Hall

****Inclement weather location:** Grace United Methodist Church, 127 S. Pennsylvania Ave., Centre Hall

What it is: This is a weeklong outdoor day camp where each day is filled with various activities including Bible study, games, crafts, and so much more. We will gather each morning beginning at 8:30 am and begin our activity rotations around 9:00 am. Lunch will be served at 12:00 pm. Following lunch will be more games and activity rotations. We will finish with songs and parents can pick up at 4:00 pm (no later than 4:30 pm). *We plan to have water activities certain days; on Monday we will let you know which day(s) they will be. When it is a water day, please have your child(ren) wear their bathing suits under clothing or clothing that can get wet and bring a towel.

Last Day Program: The whole family is invited to join us for the last day ending program and picnic starting on Friday, August 8th at 3:30 pm. Hear about the fun week that the kids had, meet some of the folks who are part of the Centre Hall Council of Churches and make community connections.

Cost: Individual deposit of \$10 or family deposit of \$15 (*Please note that the deposit will be returned on the final day to those who attend most of the days.)

What is provided:

- Camp Staff with program, games, songs and more
- Lunch
- Snack
- Water refill station(s)

Water Day(s):

- Wear bathing suit/clothes that can get wet
- Bring a towel

What to bring each day (label with first & last name):

- Backpack/daypack
- Water bottle
- Sunscreen, hat, sun protection
- Bug repellent
- Bible (optional)

Register by July 18th

Forms are available at Grace United Methodist Church, St. Luke Lutheran Church, and Trinity United Church in Christ.

Registration Forms and deposit may be turned in at Grace United Methodist Church Monday – Friday from 8:00 am – 12:00 pm, or mailed to Grace (PO Box 292, Centre Hall). All registrations are due by July 18th for the August 4th day camp week.

The Centre Hall Council of Churches:

Grace United Methodist Church
127 S. Pennsylvania Ave (PO Box 292)
Centre Hall, PA 16828
814-364-1701

<https://gracecentrehall.org/>

St. Luke Lutheran Church
301 N. Pennsylvania Ave (PO Box 331)
Centre Hall, PA 16828
814-364-9154

<https://stlukecentrehall.org/>

Trinity United Church of Christ
104 N. Pennsylvania Ave (PO Box 212)
Centre Hall, PA 16828
814-364-2120

<https://www.trinitycentrehall.org>

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2025 Day Camp Registration, Medical & Photo Release Form

CAMPER INFORMATION:

Camper's Last Name _____ First Name _____ ☐ Male ☐ Female ☐ _____

Birthdate _____ Grade **COMPLETED** Spring 2025 _____

Camper's Address (Street, City, State, Zip) _____

Phone _____ Parent E-mail _____

Camper Resides With: ☐ Mother ☐ Father ☐ Both ☐ Other

Name of Parent/Guardian 1 _____ Name of Parent/Guardian 2 _____

Address (if different from camper) _____ Address (if different from camper) _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Church: _____ Pastor: _____

Emergency Contact Person (other than parent) _____ Relationship _____

Emergency Contact Phone _____

HEALTH INSURANCE/DOCTOR INFORMATION:

Height _____ Weight _____ Date of Last Exam/Physical _____

Family Doctor: _____ Phone: _____

Health Insurance Company/Plan Name _____

Policy/ ID Number _____ Group Name/Number _____

List any medications the camper is currently taking:

Medication	Dosage	Instructions
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

List any food/drug/environmental allergies of the camper...

Allergen	Reaction
• _____	_____
• _____	_____
• _____	_____
• _____	_____

Does your child require an EpiPen? ☐ Yes ☐ No (if your child requires an EpiPen, please provide at least one non-expired EpiPen; for your child or staff to carry)

Are there any non-prescription over-the-counter medications, sunscreen, bug repellent you DO NOT want your child to receive?

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CAMPER NAME _____

Does the camper need specific behavioral and/or emotional support? ☐ Yes ☐ No

If yes, please describe _____

Does the camper have any medical/mental conditions we should be aware of? Activity Limitations or Special Needs?

Is there any other information about the camper that we should know about in seeking to best minister to their needs? (i.e. first time away from home, gender identity, recent traumatic events, etc.) _____

If your child/youth has been taken off medications for the summer by you, the parent/guardian, we highly recommend those medications be taken during their week of camp so your child/youth will have a quality experience.

REGISTRATION AUTHORIZATION

Please Read Carefully and Check Circles that Apply

☐ I give permission for my child to attend the camp session for which they are registering and ride on a bus if needed.

☐ I give permission for still or video pictures of my child to be taken and used for camp and congregational promotional purposes.

☐ I give permission for photos of my child to be placed on Susquehanna Conference & The Centre Hall Council of Churches (including Grace UMC, St. Luke Lutheran, and Trinity UCC) websites and Social Media pages in a camping context.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

MEDICAL CONSENT AND AUTHORIZATION:

In the event of an emergency or non-emergency situation requiring medical treatment of the camper during their attendance at the camp, I/we, the undersigned parent(s)/guardian(s) of the camper, give the Camp Director my/our consent and authorization for all medical treatment that is deemed necessary by qualified medical personnel for the proper care and treatment of the camper, including but not limited to administration of first-aid, use of an ambulance, x-ray examination, administration of anesthesia, surgery, and hospitalization.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

Relationship to camper _____

Susquehanna Conference Camp & Retreat Ministry
303 Mulberry Drive, Mechanicsburg, PA 17050-3179
phone: 717-766-7395 fax: 717-766-5976
e-mail: camps@susumc.org www.suscrm.org

The Centre Hall Council of Churches
Grace United Methodist Church
St. Luke Lutheran Church
Trinity United Church of Christ