



Christian Church in Ohio

D I S C I P L E S O F C H R I S T

A covenant network of congregations in mission:
We are the Body of Christ gifted and called in covenant together as Disciples of Christ to be
centers of transformation on the new mission frontier of our own communities



Grandparent and Me Camp!

An interactive Camp
for Children **entering** Grades 1-2 AND their
Grandparent (or Aunt, Uncle, or Friend)

**Theme -
Stories of
Jesus!**

June 4th & 5th, 2010
Camp Christian



Friday night 7:00 p.m. (does not include supper) to
Saturday (after supper) 6:00 p.m.

Directors

Rev. Margot Connor - ogram842@yahoo.com

Rev. Mary Jo Bray - revmj@wauseonfcc.org

What to bring List for Campers and Grandparents for Grandparent and Me Camp:

- Swim Suit
- Bible
- Clothes & Shoes to play in and get dirty
- Sleeping bag/pillow/sheet
- Personal Hygiene Items (Toothbrush, Soap, etc)
- Flashlight
- Favorite stuffed animal (bring for bible study on Creation)
- Hat to protect from the sun
- Sunscreen
- Bug repellent

Please arrive at 7 p.m. on Friday, June 4 for registration and games. We will conclude our time together after supper on Saturday, June 5 at 6 p.m. Do you have questions? Email ogram842@yahoo.com or revmj@wauseonfcc.org Thank you! God bless you!

Camp Christian
10299 Maple Dell Rd
Marysville, Oh 43040

Need Directions? Check out the website: www.ccinoh.org or call the Regional Church Office at: (614) 433-0343.





Grandparents Camp Registration Form



Camp Christian Friday 7:00pm – Saturday 6:00pm
June 4th & 5th, 2010

This camp is for children entering the 1st or 2nd grade. This year's theme is "Stories of Jesus". This camp is an introduction to Camp Christian and is intended to be totally interactive with an adult at all times. Child may bring grandparents or aunt, uncle, or special adult friend. Youth may bring more than one Grandparent; however One Grandparent may only bring one child. This is due to the one on one activities that are planned for this week. **Add \$50 for an additional Adult.**

Campers and their Grandparents or Adults will enjoy singing, eating three meals together on Saturday, Friday evening campfire, snacks, bible stories, crafts, boating, fishing, swimming in the pool, and sleeping overnight in cabins.

Cost Per One Child and One Adult

Early Bird Registration for June 4-5 - \$90.00 postmarked by **MAY 1, 2010.**

Regular Registration - \$100.00 Postmarked May 2 – 28, 2010.

Late/Onsite Registration - \$115 Postmarked May 29 and later or Registration received onsite.

Additional adult - \$50.00

You can register by filling out the registration form and sending it along with payment to **Christian Church in Ohio 355 East Campus View Blvd, Suite 110, Columbus, Ohio 43235** or register online with a credit card at: www.ccinoh.org. ALL FEES ARE DUE WITH APPLICATION - NO EXCEPTIONS. It is very important that your registration be sent in by the deadline in order that we may have a place for you in camp. Pre-registration is required no less than one week before the start of the camp week. **Refund Policy:** A \$30.00 processing fee will be retained by CCIO on all refund requests.

Youth Name _____

Youth Address _____

Phone _____ DOB _____ Grade _____

Grandparent/Adult Name _____

Address _____ Adult Phone _____

Youth Church _____ Grandparent Church _____

Additional Adult Name (if Applicable) _____

_____ By checking this line, permission is **NOT** given to the Christian Church in Ohio to use the above camper in any video recordings or photos for Camp Promotional material either printed or web based.

Are there any medical or dietary concerns that we should be aware of for the **Adult(s)**?

****You must fill out the medical information on the back of this form for each youth.***

PARENT'S CERTIFICATION CONSENT FORM FOR HOSPITAL AND MEDICAL PROCEDURES FOR MINORS

State law requires your consent for medical treatment and procedures as deemed necessary in case of an emergency. Please read the form carefully and fill it in completely. Ask about anything that you do not understand.

I, _____ do hereby authorize emergency treatment by a qualified physician or dentist for my daughter/son

_____ during the period _____ to _____

Our family physician is Dr. _____

Address _____ Phone(_____) _____

Our family dentist is Dr. _____

Address _____ Phone(_____) _____

In case of an emergency during this period, I want my son/daughter taken to Grady Memorial Hospital, Delaware, Ohio.

Dietary Needs

Allergies

Medication now being taken

**Please note, all medications brought to Camp will be the responsibility of the onsite registered adult to hold on to and administer.*

Last Tetanus Toxoid (If known) _____

Camp Directors have my permission to administer basic first aid or give my child: Tylenol, Ibuprofen, Benedryl, Other: _____ as needed without contacting me.

(Circle or Cross through) Please Initial _____

Parent's or Legal Guardian's Signature: _____

Relationship _____ Date _____

Phone (_____) _____ Business Phone (_____) _____

Can you be reached at these numbers during the week of camp? ____ Yes ____ No

MEDICAL INSURANCE INFORMATION

Group Insurance

Name _____

Subscriber _____

Group No. _____ Cert./Policy No. _____

Prescription Plan _____