Grandparent and Me Camp!

An interactive Camp for Children who have completed Kindergarten, 1st or 2nd grade AND their *Grandparent

*Child may be accompanied by another related adult (not Mom or Dad) if Grandparent is unavailable

Theme – More Stories of Jesus!

June 5th & 6th 2020
Camp Christian

Bible stories, crafts, fishing, and lots of fun.

Please note, this will be a CABIN experience for Child & Grandparent.

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

Directors

Rev. Mary Jo Bray
revmjbray@gmail.com

Rev. Audrey Connor
audreyconnor@gmail.com
What to bring List for Campers and Grandparents for Grandparent and Me Camp:

- Bible
- Clothes to play in and get dirty
  - Adults – Shoes appropriate for outdoor activities
  - Kids – Sneakers
- Sleeping bag/pillow/sheet
- Personal Hygiene Items (Towels, Toothbrush, Soap, etc)
- Flashlight
- Hat to protect from the sun
- Sunscreen
- Bug repellent
- If you have any games you like to play with your grandchild
- Fishing gear if you would like to fish

Registration will begin at 6pm on Friday, June 5th with the program beginning at 7pm. We will conclude our time together after supper on Saturday, June 6th at 6 pm. Do you have questions? Email Mary Jo at revmjbray@gmail.com. Thank you! God bless you!

Camp Christian
10335 Maple Dell Road
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 5th & 6th, 2020

This camp is for children currently (Spring 2020) in Kindergarten, 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. 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 $75 for an additional Adult.

Campers and their Grandparents or Adults will enjoy singing, eating three meals together on Saturday, Friday evening, snacks, bible stories, crafts, boating, fishing, and sleeping overnight in the cabins. Persons with disabilities and/or medical reasons can be given other sleeping arrangements if necessary. This will need to be arranged ahead of time.

Cost Per One Child and One Adult
Early Bird Registration - $120.00 Postmarked no later than May 1, 2020  
Regular Registration - $135.00 Postmarked May 2 – 26, 2020  
Late/Onsite Registration - $150.00 Postmarked May 27 and later or Registration received onsite.

Additional adult - $75.00

You can register by filling out the registration form and sending it along with payment (made out to Christian Church in Ohio) to Camp Christian, 10335 Maple Dell Rd., Marysville, OH 43040 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 Regular Registration deadline in order that we may have a place for you in camp. Refund Policy: A $30.00 processing fee will be retained by CCIO on all refund requests.

Please Print
Youth Name________________________________________________________  Male_____      Female_____  
Youth Address ______________________________________________________________________________
Parent Email Address ________________________________________________________________________
Phone_______________________________ DOB_________________     Grade Spring 2020________

Grandparent/Adult Name___________________________________________  Male___      Female___
Address ___________________________________________________________________________________
Phone_________________________ Email Address _________________________________________________
Youth Church__________________________ Grandparent Church____________________________________
Additional Adult Name (if Applicable)________________________________________ Male___      Female___

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

*You must fill out the parent & medical information on the back of this form for each youth.
By checking this line, permission is **NOT** given to the Christian Church in Ohio to use the registered camper in any video recordings or photos for Camp Promotional material either printed or web based.

**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 child ______________________ during the period of June 5th & 6th, 2020.

Our family physician is Dr.______________________________

Address____________________________________________ Phone( _______ )_____________________

Our family dentist is Dr.______________________________

Address____________________________________________ Phone( _______ )_____________________

In case of an emergency, I want my child taken to Grady Memorial Hospital, Delaware, OH.

Please Initial _____________

**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 _____________________________________________

Camp Directors have my permission to administer basic first aid or give my child:

Tylenol, Ibuprofen, Benadryl, Other:_____________________ as needed without contacting me.  
*(Circle or Cross through)*

Please Initial _____________

**MEDICAL INSURANCE INFORMATION**

Group Insurance Name__________________________________________

Subscriber_________________________________________________________________________________

Group No.__________________________________ Cert./Policy No. __________________________________

Prescription Plan ____________________________________________________________________________

Parent's or Legal Guardian's Signature: _______________________________ Date___________

Relationship ____________________________ Phone ( _______ )_____________________

Cell Phone ( _______ )____________________ Business Phone ( _______ )_____________________

Can you be reached at these numbers during Grandparents Camp? _____Yes _____No