



**August 14-18, 2017
9 a.m. to 3 p.m.**

**First Evangelical Free
Church
355 Bridgton Road
Westbrook, Maine
591-6484**

**Time
for Fun
and
Learning**

What To Expect

**Bible Stories
Crafts
Recreation
Missionary Story
Snacks
Songs**



NAME _____

Parents, please double check that the following are enclosed:

Copy of immunization record from Health Care Provider.

**Emergency Medication note-- signed by HCP and Parent/Guardian
(if applicable)**

Any medication's taken daily? (Please include epi-pens and inhaler's)

Operations or serious illnesses?

Other Any physical / mental disability?

Has camper been under a physician's care in the last 6 months? If yes, please explain _____

INSURANCE INFORMATION: Insurance Company Name: _____

Policy Number: _____ Subscriber's Name: _____

Parent/Guardians' Telephone No.: _____ Work: _____

Relative's Name: _____ Relative's Phone: _____

Friend's Name: _____ Friends Phone: _____

IN CASE OF MEDICAL OR SURGICAL EMERGENCY: I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above. I also give permission to the camp nurse to administer prescription medications brought by the camper and any over-the-counter medicines as needed, and administer first aid.

Signature of Parent or Guardian: _____

Date: _____

Form for epi-pens and inhalers: I certify that _____
has the knowledge and skill to safely self-administer the following
emergency medication(s) at
camp: _____
Date: _____ HCP/Dr.: _____
Parent/Guardian: _____

2017 GOOD NEWS DAY CAMP

PURPOSE

Good News Day Camp is dedicated to providing a well-rounded program to meet the spiritual, mental, and physical needs of your children.

CAMP STAFF

Competent adult and junior staff take constant care of the children. Volunteers serve as staff under the direction of First Evangelical Free Church. Call Chris Littlefield at 766-1692 if you are interested in serving at camp.

CAMPERS

Boys and girls who have completed kindergarten through 7th grade.

COST

Camp costs per child is \$25.00 for the first child, \$10 for the second child and \$5 for the third.

REGISTRATION

Register early. Registrations accepted on a "first come, first served" basis.

FOOD

Each camper and staff member should bring a lunch and drink each day. A morning and afternoon snack will be provided daily.

CLOTHING & FOOTWEAR

Please mark all of campers belongings with their names. Be sure your child has proper footwear for running and for games. NO BARE FEET ALLOWED

WATER DAY

Children should wear their bathing suit under their clothes on Friday for water activities. They will also need a towel and boys must wear a t-shirt.

INSURANCE

Each camper is insured against accidents or illnesses on the campground, but we will utilize parent's insurance first.

INFORMATION

For more camp brochures or other information call 591-6484 (church) or 766-1084 (director).

Camp Director: Larry E. Porter

Assistant Director: Chris Littlefield

CUT HERE

Camper Registration for Good News Day Camp

Fill out and mail with your non-refundable registration fee to: CEF, 879 Sawyer St, s. Portland, ME 04106. Make checks payable to CEF. Must have completed kindergarten. Deadline for registration is August 5th.

Name _____ Nickname _____ Birthday ____/____/____ Age ____ Grade ____
Address _____ City _____ State ____ Zip ____ Male ____ Female ____
E-mail _____ Friend who they would like to have on their team? _____

Who will pick up the child each day? _____

Church Attending _____

Name Guardian/Parents : _____

"CONSENT FOR MEDIA USE" I give my authorization for CEF or FEFC to use photos and videos of my child for promotional purposes including brochures, websites, and other forms of media.
Yes _____ No _____ Signature _____

HEALTH HISTORY (Check giving approximate dates)

ALLERGIES: Please include foods, medication, insects, plants, etc.

Diabetes _____ Asthma _____ Heart Problems _____ AD/HD/ADD _____ Kidney Disease _____
 Stomach/ Bowel Problems _____ Anxiety/ stress disability _____ Epilepsy/Convulsions _____