



2023 Day Camp Registration

DAY CAMP (entering 1st grade-12 years)

June 26-30

Mail forms to: Donna Stearns

5032 Old US Hwy 51

Makanda, IL 62958

(618)559-6095

Please Print:

CAMPER'S NAME: _____ AGE: ____ GRADE ENTERING: _____ NEW TO CAMP: Y N BIRTH GENDER: M F

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CAMPER'S NAME: _____ AGE: ____ GRADE ENTERING: _____ NEW TO CAMP: Y N BIRTH GENDER: M F

Overnight Camper's email (optional): _____

PARENT/GUARDIAN INFORMATION: Please Print

NAME: _____ Phone: _____ Email: _____

RELATIONSHIP TO CAMPER: _____ CHURCH ATTENDING: _____

EMERGENCY CONTACT NAME: _____ Phone: _____ Relationship: _____

Please Print

<p style="text-align: center;">Health Insurance & Policy Number</p> <p>_____</p> <p>Dr. & Phone # _____</p> <p>Allergies/Health Concerns/ Medications:</p> <p>_____</p> <p>_____</p> <p>Will your overnight camper miss any camp? _____</p> <p>I give permission for photos of my child to be used in SICC promotional materials and websites. ___Yes ___No</p>	<p>Overnight campers who must miss more than three times, please, leave your space open for those who can attend the full week. Missing camp is limited to sports teams that cannot be missed, work, family emergencies and pre-scheduled health appointments. We have read and understand the beliefs and rules. We agree to follow the guidelines. If a problem arises, we agree it will be handled as outlined in the rule sheet. Unless specifically told not to, we agree that the above email address can be given out with my camper's address to other campers and counselors to keep in touch through the year. The camp WILL NOT give out phone numbers. I GIVE PERMISSION FOR MY CHILD TO BE TREATED AT MEMORIAL HOSPITAL OF CARBONDALE OR CARBONDALE PROMPT CARE(Center for Medical Arts) IN CASE OF AN EMERGENCY.</p> <p>_____</p> <p style="text-align: center;">Parent Signature Camper Signature(Overnight)</p>
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DAY CAMP:

Opens at 9:30 on Monday and 10:00 Tuesday-Friday. CAMP ENDS AT 3:00PM EACH DAY.

Things to bring:

- As there is no charge for children to attend camp we take an offering each day. Give only as you can and the Lord leads.
- swimsuit (one piece for girls, or a t-shirt to cover a two-piece), towel, sunscreen, and a life jacket if you prefer not to use ours.
- Soda money(optional, we do provide drinks at lunch) for sodas at lunch and the end of the day.
- Parental permission slip for 10-12 year olds to take the swim test enabling them to swing off the rope and go to the dock.

Not to bring: Any electronics including cell phones.

Classes are assigned strictly by grade entering in the fall. Twelve year olds who have not attended overnight camp are welcome to attend both day and overnight camp if they have not already attended overnight camp and as room allows.

We do offer baptism, with parental consent for any who have received Jesus as their Savior. On Friday at 3:00 immediately following the Parents program at 2:30.

If you have special needs, questions, or concerns call Donna Stearns at 618-559-6095.

Please return the following with your Registration form. Thank you.

- The Swim Test Permission form
- The t-shirt form (all children completing the week’s memory work receive a t-shirt.) We will fill in the teacher and class information

• **SWIM TEST PERMISSION SLIP**

• **PARENTS OF JR HIGH AGE CHILDREN:**

- **PLEASE FILL OUT THE FOLLOWING FOR YOUR CHILD TO BE ABLE TO TAKE THE SWIM TEST.**
- **IT CONSISTS OF SWIMMING FROM THE BEACH AREA TO THE WHITE DOCK AND RETURNING. PLEASE SIGN ONLY IF YOU KNOW YOUR CHILD IS A GOOD SWIMMER AND CAPABLE OF PASSING. ALSO NOTE OUR LIFEGUARD WILL HAVE THE FINAL SAY EVEN IF YOU GIVE YOUR PERMISSION.**
- **THANK YOU!**

Child’s Name _____ age _____

Parent’s Name: (print) _____ gives permission for my jr. High child to take the swim test.

Signed _____ Phone _____

Name _____ Age _____ class _____

Teacher _____

T-Shirt size: Circle one

Childs- Small 6-8 Medium 10-12 Large 12-14

Adult Small Medium Large

We will choose sizes as they are available.

Please duplicate these forms as needed for your other children attending camp. Thank you.