



PEOPLES CONGREGATIONAL UCC 2014 VACATION BIBLE SCHOOL/DAY CAMP

PARENT/GUARDIAN GUIDE TO VBS/DAY CAMP AND APPLICATION

We welcome your child to Vacation Bible School and Day Camp at Peoples Congregational United Church of Christ. While your children are under our care, we need your cooperation in helping to make this a wonderful experience for all. Every participant is a team member. We will work together and treat each other with respect.

Conditions of Participation

Parents/Guardians registering children for Vacation Bible School/Day Camp agree to following conditions of participation:

1. Hours of operation are 8:00 am until 6:00 pm with VBS programming from 9:00 am to 5:00 pm. Children may not be dropped off prior to 8:00 am. Children must be picked up by 6:00 pm.
2. Drop-off and Pick-up. All children must be escorted by their parent/guardian to the Fellowship Hall and signed in. All children must be picked up from the Fellowship Hall or Chapel and signed out by an adult listed on the registration form. If your child is to be released to someone other than the listed parent/guardian, please notify one of the Camp Directors in advance.
3. Fees. The cost for Vacation Bible School (9 am to 12 noon) is free. Before care (8 am – 9 am) and after care (5 pm to 6 pm) are also free. **The fee for the Day Camp (12 noon to 5 pm) is \$50. An additional charge of \$1.00 will be levied for every minute that a child remains in the Church's care after 6 pm.**

4. Scholarships are available based on need. Please contact Cynthia Prather to request financial assistance.
5. We will take two field trips. The first will be on Tuesday, August 5th. The second will be on Thursday, August 7th. Transportation for this event is via chartered bus or van or Church van. By registering your child for Vacation Bible School/Day Camp, you agree to allow your child to participate in the scheduled trips. You will be provided with additional information about the trips prior to the start of VBS/Day Camp.
6. Lunch is not provided. Clearly label your child's lunch. Nutritious morning and afternoon snacks will be served.
7. Children 4 to 6 years old should bring a mat or blanket for napping.
8. Please leave all items of sentimental or monetary value at home. Cell phones or other electronics are prohibited. ***All clothing and other belongings should be labeled.*** Although the Church maintains a lost and found box, we are not responsible for lost items. Your child DOES NOT NEED money.
9. Termination from program: We are concerned about the health and safety of all children. Should we encounter continued difficulties in working with your child, we will notify you and attempt to work out a reasonable solution. If the problem persists or is beyond our ability to handle, however, we reserve the right to terminate your child's participation in the program.
10. We welcome (and need) parent volunteers at the camp. Your participation can be as little as one hour at the beginning of the day or as long as an all-day field trip. Please indicate your availability on the registration form.
11. We want your child to have a positive and safe experience at VBS/Day Camp. If there are special concerns regarding your child, please describe on the back of the application.
12. If you experience any problems, please bring them to the attention of the VBS/Day Camp Director.
13. Applications may be submitted two ways. Applications can be mailed to the church as follows:

Vacation Bible School
Peoples Congregational UCC
4704 13th St., NW
Washington, DC 20011

Applications also may be left at the church Office. Please send an email to the address below so we know to expect your application.

Cynthia Prather, Director
vbs@peopleschurchucc.org
202-829-5511(leave message)

**PEOPLES CONGREGATIONAL UNITED CHURCH OF CHRIST
VACATION BIBLE SCHOOL/DAY CAMP**

August 4 - 8, 2014

9:00 am - 5:00 pm (Before and After Care Available)

Camper Registration Form

Child's Name _____ Age ____ Grade ____ Gender ____

Parent/Guardian Information

Mother/Guardian 1: _____

Address: _____

Father/Guardian 2: _____

Address: _____

Mother/Guardian 1) Home: _____ Work: _____

Cell: _____ Email: _____

Father/Guardian 2) Home: _____ ; Work: _____

Cell: _____ ; Email: _____

Emergency Contact Information

Name _____

Relationship to Child: _____

Phone Nos./email: Home: _____ Cell _____

Email: _____

Additional persons who may pick up your child:

(1) _____ (2) _____

Medical Information

Name of Physician: _____ Phone: _____

Health Insurance Provider _____ ID# _____

Does your child have a medical condition that would limit his/her participation? _____

If yes, list medical condition(s) _____

List medical limitations _____

Allergies _____

Page Two Camper Registration Form

In the event of a medical emergency, we will attempt to contact you and your physician. However, we reserve the right to seek immediate medical attention. **NO MEDICATION WILL BE DISTRIBUTED BY VBS STAFF.**

Does your child have any behavioral issues or need special attention? If so, please describe: _____

Volunteering

I am available to volunteer []yes []no Date/Time _____ or available when necessary _____.

Registration

I hereby register my child for the Peoples Church Vacation Bible School/Day Camp. I have read and understand the Parent/Guardian conditions of participation and agree to those listed. By signing this registration form, I further agree to allow my child to participate fully, including traveling with camp staff on field trips.

Signature _____ Date _____

Amount enclosed \$ _____