

**2014 VACATION CHURCH SCHOOL
NEW HOPE CAMP AND CONFERENCE CENTER
CHAPEL HILL, NC**

June 16 – 20, 2014

8:30am – 1:00 pm

Participating Churches: First Presbyterian Church, Iglesia Emanuel, Mt. Bethel Presbyterian Church,
Trinity Avenue Presbyterian Church, and Westminster Presbyterian Church

- Learn Old and New Testament stories
- Enjoy fun, fellowship, and outdoor activities!
- Become stewards of God’s world!

WHO: Children 4 years old through 5th grade and Counselors-In-Training (CIT) - 6th grade
(Must turn **4 by opening day of camp** – also, grade refers to **grade just completed by opening day**).

In age-grouped “families”, children will spend their days among various activities related to the theme. Fourth and fifth graders enjoy a schedule that includes a mission project for New Hope Camp and Conference Center. Youth grades seven and up can participate as junior counselors. **Youth in sixth grade can participate as counselors-in-training.**

MUSIC	GAMES	BIBLE STORIES	FAMILY TIME
MARKETPLACE CRAFTS	POOL AND WATER PLAY	FIELD GAMES	

COST: \$90.00 per child, which includes a t-shirt.

If a parent/guardian volunteers 5 days, their cost is: \$40.00

If a parent/guardian volunteers 4 days, their cost is: \$50.00

If a parent/guardian volunteers 3 days, their cost is: \$60.00

If a parent/guardian volunteers 2 days, their cost is: \$70.00

If a parent/guardian volunteers 1 day, their cost is: \$80.00

Scholarships are available.

\$20.00 for Counselor-in-training (CIT) – 6th graders – includes a t-shirt.

APPLICATIONS ACCEPTED: *All participating churches will be given priority until **March 31st***
*Non-participating church applications will be honored beginning **April 1st***

Registrations accepted on a first-come, first-served basis, so register early!

In the event more applications are received than space available, a waiting list will be established.

Questions regarding registration: Contact Barb Schmidt (919) 489-4974 or your church’s VCS representative.

VCS Camper/CIT Registration Form, 2014
(Please complete one for each camper/CIT)

Child's first and last name **(as it should appear on nametag)** _____

Parents' Name(s) _____ Church: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number(s): (home) _____ (cell) _____

E-mail: _____

Age of camper: _____ Date of birth: _____ Grade Completed: _____ (by June 16th!)

T-shirt size (circle one) Child: S M L **or** Adult: S M L XL XXL

Carpool list: Please check here if you would like your name placed on a carpool list. The list will be sent out with your registration packet in May so you can make carpooling arrangements.

Parents/Guardians:

VCS runs on volunteer power, and is meant to be a family affair. Please indicate how you will help:

___ I can help at the camp on the following days: M T W TH F (Your registration fee will be reduced by \$10 per child for each day you volunteer. If you are able to help all five days, your fee will be \$40.00 per child.)

I will help with: leading a group ___; marketplace crafts ___; pool/water games ___; field games ___; music ___; nursery care (for younger children of volunteers) ___; bread baking ___; setup Saturday, June 14th ___; clean-up (immediately following Friday's closing activities) ___.

Would you like a t-shirt? T-shirts are provided free of charge to all 5-day volunteers and campers. If you are volunteering less than 5 days, the cost for the t-shirt is \$8.00. Please include a check for \$8.00 payable to WPC/VCS with this registration.

___ I am volunteering 5 days. My t-shirt size is _____.

___ I do not qualify for a t-shirt, but I would like to purchase one for \$8.00. My t-shirt size is _____.

___ I do not want a t-shirt.

Childcare: On the days I volunteer, I will need childcare for _____ children under 4 years old.

Name(s) and age(s): _____

Registration Fee: Enclose \$90.00 minus \$10.00 for each day a parent or guardian can help. 1 day = \$80.00, 2 days = \$70.00, 3 days = \$60.00, 4 days = \$50.00, and 5 days = \$40.00. \$20.00 - CIT's. Make checks payable to WPC/VCS. **Please send form(s) and fee to:** VCS, Westminster Presbyterian Church, 3639 Old Chapel Hill Rd., Durham, NC 27707, or email to bschmidt@wpcdurham.org.

**Vacation Church School
2014 Permission Slip**

Child's Name _____

I give my permission for the above-named child to participate in the activities of the 2014 Vacation Church School program at New Hope Camp and Conference Center, Chapel Hill, NC.

I hereby release and hold harmless First Presbyterian Church, Iglesia Emanuel, Mt. Bethel Presbyterian Church, Trinity Avenue Presbyterian Church and Westminster Presbyterian Church, all of Durham, North Carolina, the staff of teachers and leaders, their officers, employees, governing bodies and their members and the leaders of this activity, **from all responsibility and liability for any claims for injury, illness, death, or other harm that the child named above may sustain** during this vacation church school program. In the event of an emergency, I hereby authorize any adult leader of this program, as agent for me, to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate). I expect to be contacted as soon as possible if there are any problems, medical or behavioral, with my child during this activity.

Signature of Parent or Guardian

Date

Emergency Telephone Number(s) _____ or _____

Medical Information:

Allergies: _____

Medication(s): _____

Will your child be required to take meds at camp? _____

Physical handicaps or limitations: _____

Medical Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Policy Holder's Name: _____

FOR THURSDAY'S CIT/YOUTH COUNSELORS COOKOUT ONLY:

I give permission for _____ to remain at New Hope Camp & Conference Center on Thursday, June 19, 2014 to enjoy some food, fun and free time. I understand I will need to pick up my CIT/Youth at NHCCC by 4:30pm.

Parent or Guardian

Date