

## **2009 Day Camp** **Schedule**

Please check the week your camper would like to attend Day Camp. Put a 1 in the most desired week and 2, 3, and 4 in the weeks after that.

*Campers may only attend one week of Day Camp this summer!!*

**New this summer we are requiring age verification for all campers.**

Day Camp is for children ages 7 - 12

- Week 1: Girls      June 15 – 19  
 Week 2: Girls      June 23 – 26  
    **(Week 2 begins on Tuesday)**  
 Week 3: Boys      June 29 – July 3  
 Week 4: Boys      July 6 – 9  
    **(Week 4 ends on Thursday)**  
 Week 5: Girls      July 13 – 17  
 Week 6: Girls      July 20 – 24  
 Week 7: Boys      July 27 – 31  
 Week 8: Boys      August 3 - 7

**Space is limited so register early to hold your camper's place at Day Camp.**

No Camper will be refused a spot at camp based on inability to pay the registration fee.

- I will pay the full Day Camp fee of \$50.00  
 I can pay part of the Day Camp fee \$        
 I will pay the Day Camp min. fee of \$10.00

**All campers must pay at least \$10.00 to attend Day Camp at Camp Mel Trotter this summer.**

*Camp Mel Trotter  
of Mel Trotter Ministries  
2558 20th St.  
Hopkins, MI 49328*

## **2009** **Camp Mel Trotter** **Day Camp**

# STEPPIN IT UP



**MEL TROTTER**  
M I N I S T R I E S

Dear Parent / Guardian:

I have been praying for you and your child for a long time! I know that God is going to do amazing things in the summer of 2009 at Camp Mel Trotter. I hope your child is able to attend. For some of you I know this is your first time thinking about camp, and for others you're excited for another year of fun and growth at Camp Mel Trotter!!

I plan to hire a staff of about 50 college students, who are ready to sing songs, play games and talk to all campers about what it means to make positive choices in life and also talk about how we can step it up for Christ!!

This summer our theme is "Steppin it up"! We will be looking at how we can step it up for Jesus in all areas of our lives!! All of this will be brought to the day campers through study of the Bible, memory verses and interviews with real people from in and around the city.

This summer we will be taking the Day Campers out to camp in Hopkins as well as taking them to other places around the area. A list of tentative locations will be given to you on Monday morning along with my phone number so that if you need to get in touch with the Day Camp staff you can.

Campers may only come to Day Camp once per summer unless we have extra room. Please sign up for as many weeks as you would like and we will let you know if your child may come more than once.

I hope you and your child are ready for a summer of "Steppin it up"!!

Jon Wolters / Camp Director  
2558 20<sup>th</sup> St.  
Hopkins, MI 49328  
269.793.0189 / Office #  
269/793/0041 / Office Fax#  
jonwolters@meltrotter.org  
www.meltrotter.org

# 2009 Day Camp Camper Application

Please fill out the application as completely as possible and mail it with your day camp fee to Camp Mel Trotter or you may drop it off at Mel Trotter Ministries downtown.

Please register as soon as possible as space for Day Camp is limited.

Jon Wolters  
Camp Mel Trotter  
2558 20<sup>th</sup> St  
Hopkins, MI 49328

Jon Wolters  
Mel Trotter Ministries  
225 Commerce Ave. SW  
Grand Rapids, MI 49503

When your registration and day camp fee are received, a confirmation post card will be sent to you with registration procedures and a list of things to bring and not to bring to Day Camp.

## Day Camper information:

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Church \_\_\_\_\_ School \_\_\_\_\_  
Day Camper T-Shirt Size: S M L XL XXL XXXL (circle your size & include a \$5 shirt fee)  
**Week of Day Camp:** \_\_ 1 \_\_ 2 \_\_ 3 \_\_ 4 \_\_ 5 \_\_ 6 \_\_ 7 \_\_ 8 (Office use only)

## Parent / Guardian Covenant:

I, the undersigned, approve of this application and agree to all the terms stated here in. I agree that all the information on this form is true to the best of my knowledge. I agree to speak with my day camper about good behavior and that if they should need to be sent home for disciplinary reasons that, I, the parent or guardian are responsible for picking him/her up at Day Camp or wherever else they may be spending the day. I also agree to talk to my day camper about having a positive attitude and participating in all activities, chapels and games without argument or disruption.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Relationship to Day Camper \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Emergency contact information:

These names should be individuals that you would have us call in case of emergency if you cannot be reached. Also these should be individuals who we may release your child to.

**We will be checking ID's!!!** (PLEASE PRINT VERY CLEARLY)

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

# Day Camp Health Form

Day Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

**List all medications you will have at day camp:** (prescription and over-the-counter)

Med 1 _____	Med 2 _____
Dosage _____	Dosage _____
Time(s) _____	Time(s) _____
Reason _____	Reason _____

Med 3 _____	Med 4 _____
Dosage _____	Dosage _____
Time(s) _____	Time(s) _____
Reason _____	Reason _____

## List all allergies:

Allergy 1 _____	Reaction _____
Allergy 2 _____	Reaction _____
Allergy 3 _____	Reaction _____
Allergy 4 _____	Reaction _____

## Health or Behavioral considerations:

<input type="checkbox"/> ADD	<input type="checkbox"/> ADHD	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Headaches
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Seizures	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Glass or Contacts	<input type="checkbox"/> Skin Rashes
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Depression
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Autism	<input type="checkbox"/> non-swimmer

\*\*Other considerations? \_\_\_\_\_

\*\*Dietary needs? \_\_\_\_\_

\*\*Physical limitations? \_\_\_\_\_

\*\*Up to date immunizations shots? YES NO (circle one)

\*\*Date of last Tetanus booster? \_\_\_\_\_

\*\*If the day camper is homeschooled then please include full immunization record\*\*

## Insurance information:

Physician \_\_\_\_\_ Physician phone \_\_\_\_\_

Is the Day Camper covered by medical / hospital insurance? YES NO (circle one)

Insurance or plan name \_\_\_\_\_ Group or ID # \_\_\_\_\_

Insurance or plan phone # \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to Day Camper \_\_\_\_\_