

Bible School Registration 2024

St. John's U.C.C. (814-466-7162) and Zion Lutheran Church (814-466-6061)

During the week of July 29 – August 2, children pre-school age (ages 3-5) through and including those who have completed 6th grade are invited to join us for an exciting week of Bible School. This year's curriculum is *Just Like Me* – available from the Reconciling Ministries Network. Our outdoor, camp-style program will feature stories that encourage us to wonder, share, speak up, and more.

To register, please complete the attached form and return it to St. John's UCC, 106 Pine Alley (P.O. Box 88), Boalsburg, PA 16827. Please complete a separate form for each child. Check-in is easier if registration forms are submitted prior to the start of camp.

There is NO FEE to attend Bible School. Donations to help offset the cost of supplies are gratefully accepted, but never expected and can be cash or a check made payable to "Boalsburg Ministerium." PLEASE allow your child to attend even if you are not able to donate.

Camp activities will take place on the side lawn of St. John's UCC (218 N. Church St., Boalsburg). Families may arrive at 5:15 for a simple supper (provided). Camp activities run 5:45 – 7:30pm. Campers need to be signed in and signed out each evening. If your child is not feeling well, please do not allow them to attend camp.

If we are forced indoors due to extreme weather (or specific activities), St. John's follows the CDC guidelines for mask wearing. If the county is in "orange" COVID-19 Community Level, all campers and volunteers will be asked to wear a mask indoors. Each camper should arrive at camp with a mask and a water bottle with their name on it, but disposable masks and water bottles will be available as needed. Bug spray and a light jacket/rain jacket may also be needed, depending on the weather.

We look forward to meeting you and your child at camp!



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(* = required information)

Please circle child's t-shirt size: YS YM YL AS AM AL AXL

*Child's Name (pronouns): _____ *Age: _____

*Grade Completed/pre-K: _____ Church Affiliation: _____

*Parent/Guardian Name/s: _____

*Address: _____

Email (Parent/Adult Bringing Camper to Camp): _____

*Contact Person and Phone Number/s during camp hours:

*Does your child have any allergies to food or medicines? (please circle) YES NO

If YES, please specify: _____

*Does your child have any health conditions that a care provider should be aware of?
(e.g., asthma, diabetes, allergies to pollen or bees, emotional issues, etc.) YES NO

If YES, please specify: _____

*Please list the person/s who will be picking up your child from camp each day (you, sitter, grandparent, etc.):

*Registration:

I hereby grant permission for my child to participate in all Bible School activities:

(parent/guardian signature)

(date)

***Photo Release:** I DO / DO NOT (please circle one) give permission for my child to be included in pictures posted on St. John's or Zion's website and/or submitted to local newspapers.

(If no choice is circled, permission is implied.)

(parent/guardian signature)

(date)