

Helping Hands Day Camp is a cooperative ministry of Emmanuel Episcopal, Central United Methodist, Second Presbyterian and Covenant Presbyterian Churches. Children who completed grades K through 5 during the 2024 - 25 school year are invited to participate. Please complete the registration form below.

Date: *Monday, 28 July, from 9 a.m. until 1:30 p.m. through Friday, 1 August, from 9:00 a.m. until noon.*

Location: **Covenant Presbyterian Church**, 2001 N. Coalter Street, Staunton.

Activities are Bible-based and include music, crafts, recreation, cooking, theater, mission projects as well as Bible Study.



Each camper must provide their own lunch and water bottle daily. Refrigeration will not be available. Water coolers will be available for refilling bottles.

The **cost** is **\$15.00 per camper**. Scholarships are available and families are welcome to sponsor another camper in need of financial assistance.

Registration forms and checks must be received by Friday, June 20. Registrations received after that date will be placed on a waiting list. No registrations will be accepted once camp has begun. Make checks to **Helping Hands Day Camp**. Checks may pay for more than one camper, but each camper must have a separate completed registration form.

Please complete the information below and the permission form on the back of the registration and mail the form to Helping Hands Day Camp, c/o Covenant Presbyterian Church, P/O. Box 2948, Staunton 24402. Registrations can also be dropped off in the Covenant Presbyterian Church Office between 9 a.m. and noon Monday through Friday.

For answers to questions, please email us at helpinghandsstaunton@gmail.com

Summer 2025 ~ Camper Registration Form Grades K through 5

Name: _____

Age ____ **Grade Completed** ____ **Camper's Parent or Guardian** _____

Address _____

City _____ **Zip** _____ **Daytime Phone #** _____

Email Address _____

Photo Policy (check one) I DO ____ **I DO NOT** ____ **grant Helping Hands Day Camp permission to take photographs of** _____ **(Camper) for the specific purpose of inclusion in camp promotional materials as well as various social media sites (i.e. Facebook, Instagram). Children's names will not be used.**

Parent/Guardian Signature _____ **Date** _____

Complete the form on back, please.

Emergency Medical Authorization

Please complete:

I, the parent/guardian, authorize Helping Hands Day Camp to obtain immediate medical care for my child if I cannot be reached. I also consent to all medical treatment including but not limited to diagnostic tests, surgery, administration of drugs and/or hospitalization as trained medical personnel may determine, in the event that I cannot be immediately reached.

Please circle #1 or #2 below:

1. My child has no insurance, so I/we will be responsible for the payment of medical expenses.

2. Medical treatment costs are covered by

Insurance Company Name _____

Policyholder's Name _____

Identification Number _____

Camper's Physician _____ Phone _____

Allergies/Medical Conditions/ Special Needs _____

Signature of Parent/Guardian _____ Date _____

If you would like to give Helping Hands Day Camp a love offering to help defray the costs of camp, include the gift in the check that you send with your registration. You will receive a confirmation for your gift. We are grateful for your financial support!

Mail to Helping Hands Day Camp, c/o Covenant Presbyterian Church, P.O. Box 2948, Staunton VA 24402. Registrations can also be dropped off in the Covenant Presbyterian Church Office between 9 a.m. and noon Monday through Friday.

Each camper must have his/her own registration and permission form completed and received no later than Friday, June 20.