

*Agapé Day Camp*  
at  
**St. Peter's Lutheran Church**  
**65 Crooked Oak Drive**  
**Pawley Island, SC 29585**  
**843 237-2795 (office phone)**  
**843 237-2645 (office fax)**

May 20, 2017

Dear Parents of Agapé Day Campers,

The Agapé Day Camp staff is on its way to your community. **We all anticipate a wonderful week full of fun and excitement!**

You child will encounter daily Bible studies, nature activities, puppets, songs, crafts, games, group challenge activities, and FUN! The general daily schedule for the week will include the activities listed above. Each day begins at 9:00 a.m. and concludes around 3:00 (check with your Day Camp Coordinator, Karen Gluntz, for exact times).

On Friday afternoon, the staff is planning a special program that will be open to all parents and friends. The program gives campers an opportunity to share their week's learning. We hope all of you will attend. Please check with your Day Camp Coordinator about when that program will be held.

Also note that we will be collecting an offering towards the end of the week for this summer's stewardship project. In past years we have given to ELCA World Hunger, SERRV, Heifer Project, Lutheran Disaster Relief, schools in the Holy Land, as well as a non-profit organization that provides shoes for children in Third World countries.

Our summer theme this year is **Water of Life**. Our main Bible verse is **Isaiah 43:2 "When you pass through the waters, I will be with you."** We spend the week talking about God being with us in the water of creation and baptism, the water that sustains us, heals us and provides rest. We will read text from the creation story in Genesis 1, the baptism of Jesus in Mark, the meeting of the woman at the well in John, the healing of the blind man in John 9, and the comfort of Psalm 23.

To help your child have the best week possible, here are some general suggestions and information:

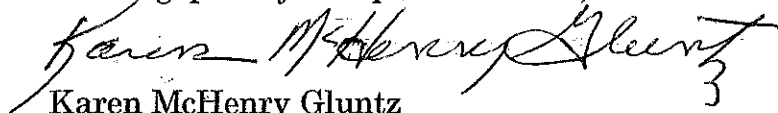
1. St. Peter's will provide lunch every day - salad bar, vegetable tray, fresh fruit, yogurt, granola bars; pizza, chicken nuggets & French fries, macaroni & cheese, or tacos may also be offered during the week. Please let Karen Gluntz, know if your child has any food allergies.
2. This year's camp is for youth in grades 4 – grade 8. Please contact Karen Gluntz if any of your children's friends may want to attend the camp. Space is limited. .
3. Have your child bring rain gear in the event of wet weather.
4. Have your child wear running shoes daily. (shoes that attach to feet are HIGHLY suggested)
5. Help your child choose clothing appropriate to the weather conditions with outdoor activities in mind!
6. Provide sunscreen, since we will be doing plenty of outdoor activities.
7. Ask your child about their day at camp during the week!
8. Remember: **Each camper must have signed Health History and Field Trip permission forms on Monday. This is required for your child to be able to attend.**

The Agapé staff will be bringing Day Camp T-Shirts (\$10-\$12) and other souvenirs (\$3.00-\$12.00). There will be a store time towards the end of the week to purchase such items if you wish.

We are excited for a wonderful week full of fun and learning with your congregation and campers!

In God's Service,  
Your Agapé Day Camp Staff

Your Agapé Day Camp Coordinator,



Karen McHenry Gluntz  
St. Peter's Youth Ministry Committee Chairman  
843 446-7704 (cell #), [kmgluntz@aol.com](mailto:kmgluntz@aol.com)

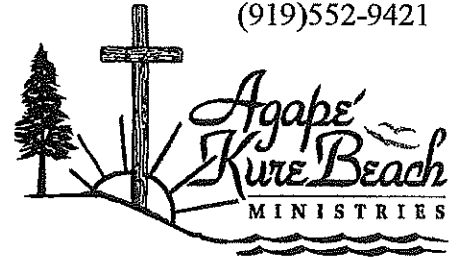
**Special Note - This year there are no day camp fees. Karen Gluntz is sponsoring the camp in memory of her dear husband, Martin "Mr. Marty" Gluntz, a long-time youth program volunteer at St. Peter's, who died last November.**

# Summer Day Camp Registration Form

Camper Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(919)552-9421



Telephone ( ) \_\_\_\_\_

e-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ (must be 1<sup>st</sup>-5<sup>th</sup>) Gender: M or F

Name of Home Congregation \_\_\_\_\_

## Profile Information

The following information is helpful to our camp staff in getting to know campers better and more quickly:

Preferred Nickname: \_\_\_\_\_ Pet(s)Name(s): \_\_\_\_\_

Brothers/ Sisters (names and ages): \_\_\_\_\_

Special Interests or Hobbies: \_\_\_\_\_

My child most easily relates to [ ] males [ ] females. My child is: [ ] out-going [ ] quiet and shy in groups.

Concerns, allergies, or anything that the Day Camp staff should be aware of: \_\_\_\_\_  
\_\_\_\_\_

To be answered by camper: "The #1 thing I hope we do at Day Camp is... \_\_\_\_\_."

## Permission

(This section must be signed in order for your child to attend camp)

\_\_\_\_\_ HAS MY PERMISSION TO ATTEND DAY CAMP.

Parent/Guardian's Signature

please print Parent/Guardian name here

Check this box if you DO NOT give permission for Agapé Kure Beach Ministries to use pictures of your child for promotional purposes (camp brochure, web site, staff recruiting display, etc.)

\_\_\_\_\_  
Date

# Agapé ✝ Kure Beach Ministries Health History Form

<b>Camper Health History Form</b> <small>(page 2)</small>	Camper Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Init.</span> </div>
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**Mental, Emotional, and Social Health:** Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....  Yes  No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? .....  Yes  No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? .....  Yes  No
4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) .....  Yes  No

*Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.*

**Immunization Record:**

Date of Last Tetanus \_\_\_\_\_ DPT \_\_\_\_\_ Polio \_\_\_\_\_ MMR \_\_\_\_\_

*If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.*

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

- Medication:**  This camper will not take any daily medications while attending camp.  
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.  
**Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

Acetaminophen (Tylenol)	Phenylephrine decongestant (Sudafed PE)	Calamine lotion
Ibuprofen (Advil, Motrin)	Pseudoephedrine decongestant (Sudafed)	Antibiotic cream
Antihistamine/allergy medicine	Guafenesin cough syrup (Robitussin)	Aloe
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)	Bandaid Anti-Itch Gel (.45% camphor)
Calcium Carbonate (Tums, Antacid tablets)	Generic cough drops	Isotonic Solution (eyedrops)
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	Sore throat spray	Isopropyl Alcohol (ear drops for swimmer's ear)

**Health-Care Providers:**

Name of camper's primary doctor(s): \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**Medical Insurance Information:** This camper is covered by family medical/hospital insurance  Yes  No

*Please include a copy of your insurance card; copy both sides of the card so information is readable.*

Insurance Company \_\_\_\_\_ Policy or ID # \_\_\_\_\_ Group Plan # \_\_\_\_\_  
 Subscriber \_\_\_\_\_ Insurance Company Phone Number (     ) \_\_\_\_\_ Where insured is employed \_\_\_\_\_  
 Address for claims \_\_\_\_\_

Check here  if you do **NOT** give permission for A☠KB Ministries to photograph your child for camp promotional purposes (brochures, SmugMug, etc.) No names are used.

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**What Have We Forgotten to Ask?**

Please attach any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.