



# Cross Roads Day Camp 2018

## Christ Church Bloomfield-Glen Ridge

### Children entering grades K - 6

### \$110 per child

Join us for an awesome week of action-packed camp fun! Kids will make cool crafts, engage in worship, sing fun songs, jump into Bible Study, and play zany games! All activities work together to form great friendships and strengthen campers' faith development.

The Cross Roads Camp Staff is certified in American Red Cross CPR and First Aid and receives extensive training to deliver a safe and action-packed camp program.

Campers are asked to bring a sack lunch.

Complete this form and return it to your church. Registration form, health form, and payment must be received by start of Day Camp.

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### 2018 Day Camp REGISTRATION FORM

74 Park Ave. Glen Ridge, NJ 07028

*Please submit one form for each child who will be attending along with a completed health form.*

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Grade Entering Fall 2018 \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Siblings (names, ages): \_\_\_\_\_

Church affiliation: \_\_\_\_\_

My child has permission to participate in all aspects of the day camp program led by Cross Roads, except as noted. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give my permission to the medical personnel selected by the congregation to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray, or surgery for my child as named above, and to arrange for or provide necessary related transportation. I understand that my insurance has primary coverage and Cross Roads' insurance is secondary. I give my approval to photocopy this form for use out of camp. Further, I give permission for use of photos of my son/daughter to be used in camp promotion unless noted.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# DAY CAMP HEALTH HISTORY FORM

## for Children, Youth, and Adults

The information on this form is to assist us in determining appropriate care for your camper. The health history must be filled out by parents/guardians of minors or by adults over the age of 18.

**\*A new health form completed by parent/guardian and physician is required annually.**

**Cross Roads Camp and Retreat**  
**DAY CAMP**  
29 Pleasant Grove Road  
Port Murray, NJ 07865  
908-832-7264  
Fax: 908-832-6593

**Camper Name** \_\_\_\_\_ Birth date \_\_\_\_\_ Age at day camp \_\_\_\_\_  
                                    Last                 First                 Middle

**Home address** \_\_\_\_\_  
                                    Street address   City                         State                         Zip

Gender:      Male                          Female

**Parent/guardian:** \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Other Dietary Restrictions:** \_\_\_\_\_

**Name of Family Physician** \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical/hospital insurance?      Yes      No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

**Please attach a photocopy of the front and back of the health insurance card on a full sheet of 8 1/2 x 11 paper.**

**Has the participant had any of the following:**

- \_\_\_ Measles
- \_\_\_ Chicken Pox
- \_\_\_ German Measles
- \_\_\_ Mumps
- \_\_\_ Hepatitis A
- \_\_\_ Hepatitis B
- \_\_\_ Hepatitis C

Vaccine	Mo/Year	Mo/Year	Mo/Year	Mo/Year	Mo/Year
DTP					
TD (tetanus/diphtheria)					
Tetanus					
Polio					
MMR					
Or Measles					
Or Mumps					
Or Rubella					
Haemophilus Influenza B					
Hepatitis B					
Varicella (chicken pox)					

**Last TB Mantoux Test**

Date \_\_\_\_\_

Result: \_\_\_ Pos \_\_\_ Neg