



# Grandparent and Me Camp!

An interactive Camp for Children who have completed Kindergarten, 1<sup>st</sup> or 2<sup>nd</sup> grade AND their \*Grandparent

*\*Child may be accompanied by another related adult (not Mom or Dad) if Grandparent is unavailable*

## Theme: Lost & Found

June 6<sup>th</sup> -June 8<sup>th</sup> 2024

Camp Christian

Bible stories, crafts, fishing,  
and lots of fun.



***Please note, this will be a CABIN experience for Child & Grandparent.***

Thursday 7:00pm to Saturday 11:00am  
(No dinner on Thursday, Breakfast only on Saturday)

### Directors

Rev. Mary Jo Bray  
[revmjbray@gmail.com](mailto:revmjbray@gmail.com)

Rev. Lauren Roe  
[revroe3000@gmail.com](mailto:revroe3000@gmail.com)

Marsha Mueller  
[mueller.marsha@gmail.com](mailto:mueller.marsha@gmail.com)

## What to bring List for Campers and Grandparents for Grandparent and Me Camp:

- Bible
- Clothes to play in and get dirty
  - Adults – Shoes appropriate for outdoor activities
  - Kids – Sneakers
- Sleeping bag/pillow/sheet
- Personal Hygiene Items (Towels, Toothbrush, Soap, etc)
- Flashlight
- Hat to protect from the sun
- Sunscreen
- Bug repellent
- If you have any games you like to play with your grandchild
- Fishing gear if you would like to fish

Registration will begin at 6pm on Thursday, June 6<sup>th</sup> with the program beginning at 7pm. We will conclude our time together on Saturday, June 8<sup>th</sup> at 11am. Do you have questions? Email Mary Jo at [revmjbray@gmail.com](mailto:revmjbray@gmail.com). Thank you! God bless you!

Camp Christian  
10335 Maple Dell Road  
Marysville, OH 43040

Need Directions? Check out the website: [www.ccinoh.org](http://www.ccinoh.org) or call the Regional Church Office at: (614) 433-0343.





# Grandparents Camp Registration Form

Camp Christian Thursday 7:00pm – Saturday 11:00am

## June 6<sup>th</sup> - 8<sup>th</sup>, 2024

This camp is for children currently (Spring 2024) in Kindergarten, 1<sup>st</sup> or 2<sup>nd</sup> grade. This year’s theme is “Lost and Found”. This camp is an introduction to Camp Christian and is intended to be totally interactive with an adult at all times. Youth may bring more than one Grandparent; however One Grandparent may only bring one child. This is due to the one on one activities that are planned for this week. **Add \$140 for an additional Adult.**

Campers and their Grandparents or Adults will enjoy singing, meals together, snacks, bible stories, crafts, boating, fishing, and sleeping overnight in the cabins. Persons with disabilities and/or medical reasons can be given other sleeping arrangements if necessary. This will need to be arranged ahead of time.

### Cost Per One Child and One Adult

Early Bird Registration - \$165.00 Postmarked no later than May 1, 2024

Regular Registration - \$180.00 Postmarked May 2 – 27, 2024

Late/Onsite Registration - \$195.00 Postmarked May 28 and later or Registration received onsite.

**Additional adult - \$140.00**

You can register by filling out the registration form and sending it along with payment (made out to **Christian Church in Ohio**) to **Camp Christian, 10335 Maple Dell Rd., Marysville, OH 43040** or register online with a credit card at: [www.ccinoh.org](http://www.ccinoh.org). ALL FEES ARE DUE WITH APPLICATION - NO EXCEPTIONS. It is very important that your registration be sent in by the Regular Registration deadline in order that we may have a place for you in camp. **Refund Policy:** A \$30.00 processing fee will be retained by CCIO on all refund requests.

### **Please Print**

**Youth** Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Youth Address \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_ Grade Spring 2024 \_\_\_\_\_

**Grandparent/Adult** Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Youth Church \_\_\_\_\_ Grandparent Church \_\_\_\_\_

Additional Adult Name (if Applicable) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Are there any medical or dietary concerns that we should be aware of for the **Adult(s)**?

**\*PLEASE NOTE:** We are more than happy to accommodate special dietary needs. However, you **must provide** specific information **in advance** in order that we may provide alternative options as needed. Failure to send this information in advance may result in additional fees as there may be extra expenses for special purchase of foods not already on hand.

\_\_\_\_\_ By checking this line, permission is **NOT** given to the Christian Church in Ohio to use the registered camper in any video recordings or photos for Camp Promotional material either printed or web based.

***\*You must fill out the parent & medical information on the next page for each youth.***

**PARENT'S CERTIFICATION CONSENT FORM FOR HOSPITAL AND MEDICAL PROCEDURES FOR MINORS**

State law requires your consent for medical treatment and procedures as deemed necessary in case of an emergency. Please read the form carefully and fill it in completely. Ask about anything that you do not understand.

I, \_\_\_\_\_ do hereby authorize emergency treatment by a qualified physician or dentist for my child \_\_\_\_\_ during the period of June 6<sup>th</sup> - 8<sup>th</sup>, 2024.

Our family physician is Dr. \_\_\_\_\_

Address \_\_\_\_\_ Phone( \_\_\_\_\_ ) \_\_\_\_\_

Our family dentist is Dr. \_\_\_\_\_

Address \_\_\_\_\_ Phone( \_\_\_\_\_ ) \_\_\_\_\_

In case of an emergency, I want my child taken to Grady Memorial Hospital, Delaware, OH. Or Urgent Care, Delaware, Oh.

Please Initial \_\_\_\_\_

Dietary Needs \_\_\_\_\_

Allergies \_\_\_\_\_

Medication now being taken:

***\*Please note, all medications brought to Camp will be the responsibility of the onsite registered adult to hold on to and administer.***

Last Tetanus Toxoid \_\_\_\_\_

Camp Directors/Staff have my permission to administer basic first aid or give my child:

Tylenol, Ibuprofen, Benadryl, Other: \_\_\_\_\_ as needed without contacting me. \_\_\_\_\_  
(Circle or Cross through) Please Initial \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Group Insurance Name \_\_\_\_\_

Subscriber \_\_\_\_\_

Group No. \_\_\_\_\_ Cert./Policy No. \_\_\_\_\_

Prescription Plan \_\_\_\_\_

**Parent's or Legal Guardian's Signature:** \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

Can you be reached at these numbers during Grandparents Camp? \_\_\_\_ Yes \_\_\_\_ No