



ENDURE

HOLLIS CROSSINGS SUMMER DAY CAMP

SESSION 2 - JULY 23-26, 2018

WHAT IS HOLLIS CROSSINGS?

Hollis Crossings Summer Day Camp is a fun, active and faith-filled week during the summer for children grades K-5. During the week, kids run, play, jump, explore the outdoors and make new friends... while experiencing God love for all. Hollis receives both staff and program from Camp Tomah Shinga, an accredited camp with Lutheran Outdoor Ministries.

WHY IS HOLLIS CROSSINGS UNIQUE?

50% of our campers each year are children who would otherwise not have a camp experience. Through generous scholarships from Atonement Lutheran, Salem Lutheran, Trinity Lutheran and many individuals about 20-25 children will have a camp experience this year. If you would like to apply for a scholarship please contact the Hollis office. Past organizations that have benefited from the scholarship program are ReStart, Catholic Charities (International Refugee Program), LUMA, Metro Lutheran Ministries, and Rosedale Development Association.

WHAT IS THE BIBLE STUDY THEME?

The Bible study theme for Session 2 - 2018 is ENDURE: Low Impact, lasting legacy. "Through God all things were created." - John 1:3

During the week, we will explore the theme of Endurance. What that means for us as children of God, and how we are instructed to care for what God has created.



Offering Christian hospitality in this place since 1988.

WHO CAN ATTEND?

Children grades K-5. Campers who have completed Kindergarten through 5th grade are welcome to attend.

WHEN IS SESSION 2 OF CAMP?

July 23-26, 2018. Day Camp runs Monday, July 23rd through Thursday, July 26th. 9 AM to 3 PM each day.

WHERE IS CAMP LOCATED?

Hollis Renewal Center, Bonner Springs, which is located just south of the Kansas Speedway & Legends shopping center off of 110th Street & I-70. Our physical address is 11414 Kansas Avenue Kansas City, KS 66111. Campers meet at the Hollis Lodge each morning.

HOW MUCH?

Cost to attend is \$70 per camper for the first child from a family and \$65 per camper after if registered by **JULY 10, 2018**. You may register after July 10, but the cost increases to \$80 per camper with no discount for additional campers per family.

HOW DO I REGISTER MY CHILD?

To register, campers need to complete the Registration & Health History Form and submit it to Hollis by **JULY 10, 2018**.

Form can be mailed with payment to PO Box 402 Bonner Springs, KS 66012. Forms can be emailed to info@holliscenter.org & payment made on-line via PAYPAL. Visit www.holliscenter.org for link.

WHAT DO CAMPERS WEAR & BRING?

Campers wear clothes they don't mind getting dirty, closed-toe shoes like tennis shoes (no sandals or flip flops) sunblock and bug spray. Campers bring a sack lunch each day except Thursday; snacks and drinks are provided daily.

HOW CAN I HELP?

Scholarships: Even if you are not sending a child to camp we would welcome your support in the form of scholarships. The cost to us for 1 camper per day is \$20. Donations can be mailed in or made on-line via our website www.holliscenter.org/Donations.html

Volunteer: We can always use an extra pair of hands....be it prepping our snack or singing a song with the kids. Email Dave if you are interested in helping out.



HOLLIS RENEWAL CENTER

(913) 441-0451 | info@holliscenter.org

MAILING ADDRESS

PHYSICAL ADDRESS

PO Box 402

11414 Kansas Ave

Bonner Springs, KS 66012

Kansas City, KS 66111

www.holliscenter.org

CAMPER REGISTRATION FORM

HOLLIS CROSSINGS SUMMER DAY CAMP

SESSION 2: JULY 23-26, 2018

Child's Name _____ ☐ Male ☐ Female Birth Date: _____

Grade (2017-2018) _____ T-shirt Size: ☐YXS ☐YSM ☐YMD ☐YLG ☐YXL ☐SM ☐MD ☐LG ☐XL

Address _____ Home Phone _____

City _____ State _____ Zip _____

Church: _____

Adults Living with Participant (Parent/Guardian)

Name _____ Day Phone _____ Cell Phone _____

Name _____ Day Phone _____ Cell Phone _____

E-mail Address _____

Emergency Contacts/Alternative Persons Authorized for Participant Pick-up

In case of an emergency, we always try to contact the guardian(s) listed above first. If that is not possible, we will also need the names of at least three other contacts (relatives/friends). **Only the adults listed below will be eligible for picking up the participant without a legibly written note signed by the parent/guardian.**

Name/Relationship _____	Phone _____	Phone _____
Name/Relationship _____	Phone _____	Phone _____
Name/Relationship _____	Phone _____	Phone _____

Medical History:

Known Allergies (medication, food, other)

Medications being taken OTC (list dosage & time taken)

Medical History

Recent Injury, illness or disease	<input type="checkbox"/> YES <input type="checkbox"/> NO
Frequent Headaches or head injury	<input type="checkbox"/> YES <input type="checkbox"/> NO
Glasses/Contacts	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chest Pain After Exercise	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart Murmur	<input type="checkbox"/> YES <input type="checkbox"/> NO
Joint Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Epilepsy/Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO
Emotional Difficulties	<input type="checkbox"/> YES <input type="checkbox"/> NO
Behavior Concerns	<input type="checkbox"/> YES <input type="checkbox"/> NO
Orthodontic Appliances	<input type="checkbox"/> YES <input type="checkbox"/> NO
Surgery	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please explain any "Yes" answers

List any Chronic/Recurring Illness

Medical Insurance Company _____ Policy # _____

Date of Last Medical Exam _____

Family Doctor _____ Phone _____ Preferred Hospital _____

Additional Information (*i.e. physical limitations, restriction on camp activities, disabilities, special diet, etc.*)

Authorizations:

Permission to administer over-the-counter medications:

I (parent/guardian) give permission for Camp Tomah Shinga (CTS) to provide routine healthcare and administer over-the-counter medications if the health care staff deems necessary. I understand the CTS Health Care staff will administer medications per instruction in the CTS Health Care Plan, which is approved by a physician, that dosages will be administered according to the directions on the bottle unless a physician directs otherwise, and that health history forms will be reviewed for allergies and parental recommendations prior to administration of the over-the-counter medications.

Date _____ Parent/Guardian Signature _____

Permission to participate, authorization for treatment, photo/video:

This health history is complete so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted, including hiking the trails. AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by Camp Tomah Shinga (CTS) to order X-rays, routine tests, treatment and necessary transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by CTS to secure an administer treatment, including hospitalization, for the person as named above. PHOTO/VIDEO RELEASE: I also give CTS & Hollis Renewal Center permission to use any photograph/video of my child taken at Day Camp in the future promotions of CTS & Hollis Renewal Center.

Date _____ Parent/Guardian Signature _____

Camper Authorization:

With my parents/guardian, I have completed the above information and will assume the responsibility for my medications and for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well-being while at camp.

Date _____ Camper Signature _____

To help make your child's time at Day Camp successful, it is vital that we are aware of any unique needs or special concerns they may have. Please explain any special learning considerations, family circumstances, relevant experiences, activity restrictions or anything that would help us better prepare for your child's upcoming camp experience. In the event of an emergency or serious illness/injury, parents will be notified by camp staff.