



# Cross Roads Day Camp 2025

St. Paul and Prince of Peace Lutheran Churches

July 14-18

9am-3pm

Children Entering Grades K - 6

\$100

Join us for an awesome week of action-packed camp fun! Kids will make incredible creations, 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, AED, and First Aid and receives extensive training to deliver a safe and action-packed camp program.

**Campers must bring lunch. Refillable water bottles are encouraged.**

**Camp will provide snacks, but campers with allergies may bring their own.**

Complete a Registration Form and Health Info Form for your child and submit with payment by mailing or dropping off at St. Paul Lutheran Church, 79 One Mile Rd Ext, E. Windsor, NJ.

## 2025 DAY CAMP REGISTRATION FORM

**St. Paul Lutheran Church, 79 One Mile Rd Ext, E. Windsor, NJ 08520**

*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 2025 \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_

Cell Phone 2: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Names & Ages of Siblings Registering: \_\_\_\_\_

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 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 child to be used in camp promotion unless noted.

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

## Cross Roads Day Camp

## HEALTH HISTORY FORM

### For Children Entering Grades K-6

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.**

### St. Paul & Prince of Peace Lutheran Churches

79 One Mile Rd. Ext, East Windsor, NJ 08520

609-448-1113

**Camper's Full Name** \_\_\_\_\_

**Home address** \_\_\_\_\_

**Birth date** \_\_\_\_\_ **Age at day camp** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Parent/Guardian Names:** \_\_\_\_\_

**Cell Phone 1:** \_\_\_\_\_ **Cell Phone 2:** \_\_\_\_\_

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

**Cell Phone:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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

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

**Name of Family Physician** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_

### Insurance Information

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

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

### REQUIRED:

- **Attach a photocopy of the front & back of the health insurance card on a full sheet of 8 1/2 x 11 paper.**
- **Complete the illness and vaccine information on the back of this sheet OR provide a print-out of the child's vaccine report from the family doctor.**

Has the participant had any of the following? Check any that apply:

☐ Measles      ☐ Chicken Pox      ☐ German Measles      ☐ Mumps

☐ Hepatitis A      ☐ Hepatitis B      ☐ Hepatitis C

Last TB Mantoux Test Date \_\_\_\_\_ Result: ☐ Pos    ☐ Neg

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)					