



Grace Lutheran Church



Greetings from Grace Lutheran Church!

Our church is partnering with Camp Noah, a nationally acclaimed program where children in communities impacted by disaster can experience the power of hope and healing through a proven resiliency curriculum that includes creative activities and play. While Camp Noah will take place over five days, its impact on a child can last a lifetime. Due to the impact of Hurricane Helene, it is a perfect fit for our community. Of all people affected by disaster, experts say that children are among the most emotionally vulnerable. Chaos and disruption break normal routines and add stress to already busy households. Whether they have lost their home, precious belongings or friends who moved away, children may react to the trauma they have experienced with fear, sadness, grief, nightmares, fighting or worries about the weather. If children are helped to cope with stress, their symptoms often subside.

Camp Noah, planned for Monday, June 16th - Friday, June 20th, is for youth who have completed grades K - 5th. We will begin at 9:00am and conclude at 4:00am, Monday through Thursday. On Friday the week concludes at noon.

Children begin the day with a large group gathering full of songs, skits and fun. Mornings are spent in groups for discussion, art projects, journaling, recreation and the afternoon hearing stories, playing games, watching puppet shows, and doing arts and crafts. The day ends with more songs, skits and fun during a large group closing with new friends.

We are writing to encourage your child(ren) to participate. The cost is only \$25.00. Please register by May 30th.

Sincerely,

Anna Wilder

Camp Site Coordinator
annabwilder65@gmail.com

*115 East King Street, Boone, NC 28607 (828) 264-2206
graceboone@graceboone.org www.graceboone.org*

CAMP NOAH REGISTRATION FORM

SIGN UP NOW!

Camp Lutheridge and Grace Lutheran are excited to bring Camp Noah to Grace Lutheran Church in Boone, NC from June 16th - 20th, 2025.

PLEASE PRINT:

Camper's Name _____

Age _____ Grade Completed, Spring 2025 _____

Birthday _____ Male Female

Address _____

City _____ Zip _____

Parent/Guardian Name _____

Phone (_____) _____ E-Mail Address _____

Home Church _____ City _____

**Please return this form with a \$25.00 Registration Fee to:
Grace Lutheran Church
115 East King Street Boone, NC 28607**

Permission to photograph your child? _____ Yes _____ No

****Photographs taken will be posted on Grace Lutheran Church's social media page(s) and could be used for promotional materials.**

CAMP NOAH HEALTH HISTORY FORM

This Day Camp is a partnership between Lutheridge and Grace Lutheran Church. We want to provide your child with the best possible week at camp including spiritual, physical, and social growth. You can help by carefully filling out this form. Health forms must be turned into the Day Camp coordinator no later than the first morning of the Day Camp. Each camper must have a completed health form on file or WILL NOT be admitted to Day Camp.

PLEASE PRINT

Full Name of Camper

Last First MI (Circle or write name called)

Age _____ Birth date _____ Male Female

Camper's Address

City _____ State _____ Zip _____

Name (s) of Parent (s) or Guardian

Home (____) _____ Work (____) _____ Cell (____) _____

If I cannot be reached in an emergency call: _____ Relationship: _____

Home (____) _____ Work (____) _____ Cell (____) _____

Name of Physician: _____ Phone (____) _____

Health Insurance Information:

Lutheridge and Grace Lutheran have secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier name

Carrier Address

Policy # _____ Phone _____

Policy Holder's Name _____

Policy Holder's Social Security # _____ Policy Holder's Date of Birth _____

Medical Release and Authorization For Treatment

This day camp is a partnership between Camp Noah, Lutheridge and Grace Lutheran Church. The undersigned, as parent/legal guardian of the camper, authorizes Lutheridge and the local congregation, its delegated leaders, directors, and medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. Day Camp leaders will endeavor, but are NOT required, to communicate with me prior to treatment. The undersigned releases Lutheridge, the local congregation, and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off site.

Printed Name _____

Signature _____ Date _____

CAMPER HEALTH HISTORY CONTINUED

Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp:

Activities from which the camper should be exempted for health or other reasons:

Does the camper know how to swim? Yes No Somewhat

Allergies: Please list any allergies (food, medicine, insect stings, etc.):

Asthma: Severe Moderate Mild

Triggers? _____

Nutritional/dietary restrictions: _____

Diabetic? No Yes

Vegetarian? No Yes

Camper Medications: _____

A first-aid kit will be present at all times. It contains the following medications: Tylenol, Motrin, Cold Medication and Antacids/Antidiarrheals. May your child receive these medications if needed?

Yes No Comments:

IF YOUR CHILD NEEDS TO BRING ANY MEDICATION TO BE TAKEN DURING DAY CAMP HOURS PLEASE FILL OUT THE INFORMATION BELOW. All medications (including aspirin, vitamins) must be checked in with the local coordinator upon arrival.

I give my permission for the Local Coordinator or designated church volunteer to keep and administer the following medications:

Name of Med. _____ Dosage _____ How often _____

Name of Med. _____ Dosage _____ How often _____

Any special information concerning this medication?

Parent or Guardian Name _____

Signed _____ Date _____

Personal Information:

Please share any information that will help us give your camper the best experience possible.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp? Any emotional upsets?

Is your child apprehensive about anything at camp?

Any other suggestions or special information for the counselor?
