To: Parents of children completing grades 1 through 6

Chiques COB is preparing for another exciting year of summer day camp to be held at our church pavilion. This program is offered FREE to children who have completed grade 1 through grade 6, this school year. Weeks of camp are listed below:

<table>
<thead>
<tr>
<th>Grade 1</th>
<th>Grade 4</th>
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<tbody>
<tr>
<td>6/22 – 6/26</td>
<td>7/13 – 7/17</td>
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<tr>
<td>Grade 2</td>
<td>Grade 5</td>
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<tr>
<td>6/29 – 7/3</td>
<td>7/20 – 7/24</td>
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<tr>
<td>Grade 3</td>
<td>Grade 6</td>
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<tr>
<td>7/6 – 7/10</td>
<td>7/27 – 7/31</td>
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Camp is Monday through Friday from 9:00 am - 3:00 pm and includes a variety of activities including Bible class, music, crafts and games. Tuesday and Thursday afternoons are reserved for swimming at the pond (weather permitting) and Wednesday is field trip day. Members of Chiques Church serve as Directors each week, and are assisted by Junior and Senior High youth.

*Directors have clearances and are trained in CPR.
*Swimming will be at Beck’s pond. The shallow end is roped off and includes a sliding board. Children in 1st-3rd grade are not permitted beyond the rope. Those in 4th-6th grade, who wish to take the swimming test and pass will be permitted in the deeper part. The deepest end is approximately 9 feet and includes a low diving board.

To register your child/children for our summer day camp program, complete the online registration at https://tinyurl.com/ChiquesDayCampReg2020 or submit a paper registration using the form below. (Please complete a separate registration for each child)

Mail paper registrations to: Stephen Geib – 589 Mulberry Street – Elizabethtown, PA 17022

Please visit www.chiquescob.org for additional registration forms. Invite your friends! Questions can be directed to chiquesdaycamp@gmail.com or 717-875-9260.

**Registration forms must be received by MAY 15! This deadline is firm.**

Please note: The church reserves the right to accept or refuse a child based on staffing capabilities for that week. If your child is registered, he/she will receive additional info by mail or e-mail 3 weeks prior to the start of his/her week of camp. If you have not been contacted one week prior to your camp, please contact Stephen Geib at 717.875.9260.

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**PLEASE PRINT & RETURN PORTION BELOW**

CAMPER’S NAME ______________________________
GENDER: Male  Female
GRADE COMPLETED ________  WEEK OF CAMP _________________________

Street Address ____________________________________________
City __________________ Zip ______

HOME PHONE ___________________ CELL/DAY-TIME PHONE ______________________

E-MAIL ADDRESS ____________________________________________

CHURCH NAME ____________________________________________

Please list preferences of doctor or hospital and any medical history that we should know:
________________________________________________________________________

By signing this registration form, you have given your consent for your child to be involved in all activities at Day Camp while releasing Chiques COB and its members from the liability of injuries that your child may sustain and that first aid may be administered immediately if the need should arise.

Parent or Guardian Signature ____________________________________________

Please sign and print your name

○ Please check here if you DO NOT want your address and phone number on a car pool list.