



CAMP CHOF

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DAY CAMP

Registration Packet

Camp CHOF has moved everything to an online registration process!

If you are able to complete this process online, please go to www.campchof.org and register your camper today! For those needing assistance, please complete this packet and turn it in to the camp office at Canton Baptist Temple. Please complete this packet **completely** and **legibly**.

To register your camper, you must have an Ultracamp account created. **If you have not yet created an UltraCamp account, please provide the email address and password that you would like us to set up for you.** All emails and passwords are kept in a secure place and will not be used or disclosed in any manner. They will only be used for camp purposes. Please keep a copy of your login information for your records.

Email: _____

Password: _____

By signing below, you are giving Camp CHOF and Canton Baptist Temple permission to create an account with Ultracamp on your behalf to register your camper. All information will not be disclosed in any manner and can be obtained upon request. This information may only be collected by the primary contact in this packet.

Signature: _____ Date: _____

Please select the week your camper would like to attend:

- Day Camp Week 1** | June 8-12 | Cost: \$240
- Day Camp Week 2** (Animal Education) | June 15-19 | Cost: \$240
- Day Camp Week 3** | June 22-26 | Cost: \$240
- Day Camp Week 4** (Short Week) | June 29-30 | Cost: \$99
- Day Camp Week 5** (Community Education) | July 6-10 | Cost: \$240
- Day Camp Week 6** | July 13-17 | Cost: \$240
- Day Camp Week 7** (Animal Education) | July 20-24 | Cost: \$240

Primary Contact Information

Name: _____

Address: _____

Phone number 1: _____

Phone number 2: _____

Birthdate: ____/____/____

Email address: _____

Relation to the camper: _____

Secondary Contact Information

Name: _____

Address: _____

Phone number 1: _____

Phone number 2: _____

Birthdate: ____/____/____

Email address: _____

Relation to the camper: _____

Day Camp Registration

Welcome to the 2026 Day Camp Registration!

Day Camp runs Monday through Friday, 8:30 am-4:30 pm, and provides campers (ages 5-8) with the opportunity to enjoy the experience of camp without the concerns of staying overnight. Campers are able to go swimming, ride in go-karts, make unique crafts, play games, and much more! Day Camp provides campers with the opportunity to learn about God. They will learn about God's love for them through real Bible stories, an appreciation of God's handiwork in nature, and by loving example from trained counselors. Rest assured that the safety of each camper is our highest priority.

A typical day at Day Camp may look like this:

8:00 am – Bus leaves from CBT

8:30 am – Arrive at Camp, pledges, songs

9:00 am – Playground, go-karts, crafts, Miss Flutter's nature lesson, games

11:30 am – Lunch

12:00 pm – Bible story

12:30 pm – Swimming

2:00 pm – Bible story

2:30 pm – Games

3:00 pm – Sweet Shop

3:30 pm – Review of day's events

4:00 pm – Pick-up/Bus leaves for CBT

Camp CHOF Code of Conduct

1. **Follow Staff Instructions:** Our trained staff are here to keep you safe and ensure a great week! Listen to authority.
2. **Keep Camp Clean:** Dispose of all trash properly and help maintain a clean cabin and camp.
3. **Stay with the Group:** Never wander off or be alone. Always stay with your assigned group and communicate if you need to step away.
4. **Stay Hydrated:** Drink plenty of water. Bring or buy a refillable water bottle and use it often.
5. **Maintain Personal Space:** Don't share drinks or invade others' personal space.
6. **No Romantic Behavior:** Refrain from PDA or romantic interactions of any kind.
7. **Dress Appropriately:** Clothing and appearance should align with your biological sex and should be modest.
8. **Uphold Camp Beliefs:** Do not promote or approve behavior contrary to the church's scriptural beliefs (go to cantonbaptist.org for our complete belief statement.)
9. **Show Respect:** Treat all campers and staff with kindness, dignity, and respect.

Acceptance and Acknowledgment of Statement of Faith & Code of Conduct

I have received a copy of Camp CHOF's/Canton Baptist Temple's statement of faith. I understand it is my responsibility to become familiar with and adhere to the information contained therein. I agree to be bound by the statement of faith and the biblical positions taken by Camp CHOF/Canton Baptist Temple on all the issues of doctrine and lifestyle contained therein, both at and away from Camp CHOF.

I have also received a copy of the Camp CHOF Code of Conduct. I agree to abide by the code of conduct contained herein and understand that if, at any time during or away from Camp CHOF, I violate any specific provisions or the spirit of the code of conduct, I am subject to the discipline listed herein, up to and including expulsion from the camp premises.

_____ (parent/guardian initials) I understand that as the legal guardian of my child, I am responsible to read and understand these documents and explain the requirements contained therein to my child. I understand that my child and I will be held accountable for the policies and procedures contained therein, including the parental support statement, binding arbitration, and the code of conduct, all of which are based on Camp CHOF's/Canton Baptist Temple's statement of faith.



Parent Signature

Printed Name

Date

Day Camp Transportation

Please check the appropriate location for morning and afternoon pick-up/drop-off.

(Please attach a signed note with an explanation IF the child's "Drop Off" and/or "Pick Up" differs from below.)

Morning Drop-Off

- Canton Baptist Temple (Monday for check-in: 7:45 am, Tuesday-Friday: 7:55 am)
- Camp CHOF (Monday for check-in: 8:15 am, Tuesday-Friday: 8:25 am)

Afternoon Pick-Up

- Church (4:30 pm sharp!)
- Camp CHOF (4:00 pm)

Camper's Basic Information

Camper's Name: _____

Camper's Birthdate: ____/____/____

Camper's Grade in Fall 2026: _____

Birth Gender** (select one):

- Male
- Female

**As a condition of enrollment, parents and campers agree that they will abide by and respect the Church's view of gender and sexuality while at camp (see www.cantonbaptist.org/about/what-we-believe). This means that campers' appearance and actions must align with, and they will participate in groups that reflect, the camper's biological gender as determined by anatomy at birth. As per our code of conduct, campers are prohibited from any public displays of romantic attraction or affection to members of the same or opposite sex.

Camper's T-shirt Size (Mark only one)

- Youth Small
- Youth Medium
- Youth Large
- Youth X-Large
- Adult Small
- Adult Medium
- Adult Large

What is the name of your home church and Senior Pastor? (If you currently have a home church)

How did you hear about Camp CHOF? (Please check all that apply)

- Social Media
- Web search
- Friends/Family
- Church
- YouTube
- Flyer
- Other: _____

Media Release

At Camp CHOF, we love capturing the fun, friendships, and faith-filled moments of summer. With your permission, we may include photos and videos of your camper on our social media pages and promotional materials, including: **Facebook, Instagram, YouTube, Camp CHOF's official website, printed or digital brochures, newsletters, and internal documentation.**

PLEASE REVIEW AND INDICATE YOUR CONSENT BELOW.

Consent: I hereby give Camp CHOF, its staff, volunteers, and affiliates, the right to photograph, video record, and use images and recordings of the camper named in this document during the Summer of 2026 for the purposes outlined above.

I understand: No compensation will be provided for use of these images. I waive any right to inspect or approve finished media. This release applies only to content captured during Summer 2026.

- Yes**, I give permission for Camp CHOF to use photos/videos of my camper.
- No, due to legal reasons**, I do not give permission for Camp CHOF to use photos/videos of my camper.

Signature (required) _____

Camper Health/Health History

Allergies

My Camper is allergic to: (Check all that apply)

- Food
- Medicine
- The Environment
- Other _____

Please describe below what the camper is allergic to, the severity, and the reaction that is seen:

Diet & Nutrition

My Camper: (Check only one)

- Eats a regular diet
- Has special food needs

(Please understand that Camp CHOF provides one meal option per mealtime, and special meals will not be created for any one camper. You will need to provide your camper with his/her own meal(s) for the required day(s). We will provide peanut butter & jelly sandwiches as an alternative main course during lunch hours only. If you will be providing special meals for your camper(s), we ask that you package each meal individually and mark it with the camper's name, date, and the specific meal it is for. If you have any questions or concerns, please contact the Camp Office. Thank you.)

Medical Insurance Information

My Camper is covered by family medical/hospital insurance (Check only one)

- Yes, my camper is covered by: _____.
- No, my camper is not covered by insurance.

General Medication

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins and supplements. Please send all medications in their original pharmacy containers with labels that show the camper’s name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at Camp.

The following non-prescription medications may be stocked in the Camp Health Center and are used on an as-needed basis to manage illness and injury.

Please check any medication(s) your camper should **NOT** be given:

- | | |
|--|---|
| <input type="checkbox"/> Children's Tylenol | <input type="checkbox"/> Children's Advil |
| <input type="checkbox"/> Children's Benadryl | <input type="checkbox"/> Children's stomach relief (comparable to Tums) |
| <input type="checkbox"/> Children's Allegra | <input type="checkbox"/> Adult Tylenol |
| <input type="checkbox"/> Adult Advil | <input type="checkbox"/> Adult Benadryl |
| <input type="checkbox"/> Adult Tums | <input type="checkbox"/> Adult Zyrtec |
| <input type="checkbox"/> Adult Pepto Bismol | <input type="checkbox"/> Sting Relief |
| <input type="checkbox"/> Cortisone 10 | <input type="checkbox"/> Eye drops (artificial tears) |
| <input type="checkbox"/> Neosporin (triple antibiotic) | <input type="checkbox"/> Calamine Lotion |

Mental, Emotional, and Social Health

Has the camper had a significant life event that continues to affect the camper's life? Please provide any additional information about the camper's physical or mental health that may be helpful for our staff to know, or that could affect the camper's ability to fully participate in camp activities. This may include (but is not limited to) diagnosed conditions such as ADHD, eating disorders, the death of a loved one, behavioral or emotional challenges, a history of abuse, a change in the family, mobility issues, etc.

- Yes
- No

Please explain any "Yes" answers in the space below. If needed, the Camp may contact you for additional information.

What have we forgotten to ask?

Please provide in the space below any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the Camp program.

Medications

All medications (prescription and non-prescription) must be clearly marked in their original bottle. They will be collected during Sunday evening check-in and maintained in our Camp Office under lock and key as per Ohio State Law.

Please attach additional sheets if necessary.

Medication Name _____
How medication is to be taken: _____
Dosage: _____
Schedule/Frequency (Check all that apply)
<input type="checkbox"/> Breakfast (8:30 am)
<input type="checkbox"/> Lunch (11:30 pm)
<input type="checkbox"/> Other Time _____
Special Instructions: _____ _____ _____

Medication Name _____
How medication is to be taken: _____
Dosage: _____
Schedule/Frequency (Check all that apply)
<input type="checkbox"/> Breakfast (8:30 am)
<input type="checkbox"/> Lunch (11:30 pm)
<input type="checkbox"/> Other Time _____
Special Instructions: _____ _____ _____

Medication Name _____
How medication is to be taken: _____
Dosage: _____
Schedule/Frequency (Check all that apply)
<input type="checkbox"/> Breakfast (8:30 am)
<input type="checkbox"/> Lunch (11:30 pm)
<input type="checkbox"/> Other Time _____
Special Instructions: _____ _____ _____

Medication Name _____
How medication is to be taken: _____
Dosage: _____
Schedule/Frequency (Check all that apply)
<input type="checkbox"/> Breakfast (8:30 am)
<input type="checkbox"/> Lunch (11:30 pm)
<input type="checkbox"/> Other Time _____
Special Instructions: _____ _____ _____

Permission to Treat Authorization

1. I hereby give permission to the camp personnel to provide and administer medications described in the "Prescription Medication" page of this packet and to administer over-the-counter medications and first aid for minor illnesses and injuries except those listed on the "General Medication" form.
2. I understand that, although certain volunteers and/or other workers have been familiarized with administering medication, including for but not limited to allergies, anaphylaxis, and epinephrine administration, camp personnel are not medically trained and do not have professional training or experience in meeting the needs of children with medical conditions, including but not limited to allergies, or to identify symptoms or signs that the student is in distress or may need emergency medical treatment. With that understanding, I hereby give my child to be treated for allergic reactions, including the administration of epinephrine.
3. In potential emergencies requiring immediate medical attention, I understand that my child will be taken to and treated at the nearest hospital or urgent care center. I hereby give permission for those responsible for my child at the camp to authorize medical treatment for my child in the event of an emergency.
4. I give permission to camp personnel to contact my child's healthcare specialist, primary care provider, or dentist in the event of an emergency.
5. I **AGREE** to pay all costs associated with my child's medical care, emergency or otherwise. I understand that the camp does not carry health insurance for campers and that it is my responsibility to submit to my own insurance any healthcare, medication, or medical claim my child incurs while at camp.

Liability Waiver for Medical Care

In consideration of my child being permitted to participate in the event(s) described above and other valuable consideration the receipt of which is acknowledged, I hereby **AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MINISTRY** and its agents and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages **INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS**, and including, without limitation, interest, penalties, court costs, attorney's fees, and expenses resulting from or on account of injury to my child, myself, or my property in connection with any medical care provided to my child.

I **FURTHER RELEASE** any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Ohio and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I **ALSO AGREE** that any controversy or claim, by or through me, arising out of or relating to the care anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not mere recitals.

This completed form may be photocopied for trips out of Camp.

I understand and agree to abide by any restrictions placed on my activity at Camp.

Guardian Signature

Printed Name

Date

Day Camp Information

REGISTRATION: Day Camp is for boys and girls who are between the ages of 5 (before their week of day camp) and no older than 8. A completed Day Camp Registration Form is needed to begin registration. A non-refundable \$50 deposit is required per child/week to guarantee his/her requested week and is applied toward the camper cost (this excludes child/guest attending free under the American Hero Scholarship). The balance is due on or before the week your child attends camp. Payments can be made online, or we also accept cash, credit card, or check (make check out to Canton Baptist Temple). *The cost of your child's week of camp includes lunch and items from the Sweet Shop each day, a Camp CHOF t-shirt, crafts, and pictures from the week. Please do not pack any money with your child as no spending money is needed or required.

**A Child & Dependent Care tax credit may be available for expenses incurred for your child if they attend Day Camp and you meet the qualifications set forth by the IRS. Visit www.irs.gov or call 1-800-TAX-FORM to inquire.

Secure Online Payment: Make payments toward your child's camp cost through your account online. Be sure to save your login name and password. If you are filling out the hard copy forms, payments can be made at the church office or over the phone with a credit card.

Refunds: All money is refundable (EXCLUDING THE \$50 NON-REFUNDABLE DEPOSIT) **only** if you notify the camp at least two (2) weeks in advance of the cancellation. If a camper does not stay the entire week due to homesickness, discipline problems, etc., no refund will be made. Refunds will be made on a case-by-case basis regarding illness (covid, flu, etc.) or other family emergencies.

ARRIVAL/DEPARTURE: Your child can travel to and from the camp by bus from CBT (Door D) each day or you can drop off and pick up your child directly at the camp.

Monday is Check-In: Check-in begins with a head lice check. Be sure to check your child's head before bringing them to check-in to save possible embarrassment to yourself and your child if they must be turned away. Camper check-in is at Door D at CBT (front of building) from 7:30-7:55am or from 8-8:25am at the Camp Pavilion if the child is brought directly to the camp. Be sure you bring with you (if the camp doesn't already have them in its possession) all the necessary completed forms for each child at this time: **Registration Form, Permission to Administer Medication Form, Health History Form, Child Security Form, and Acknowledgement/Release Contract**. All prescription and non-prescription over-the-counter medications that a child may need must be supplied by the parent/guardian and turned in at this time.

Emergency Changes: If an emergency arises where you are unable to pick up your child at the specified location in your registration packet, contact Bri in the church office at (330) 477-6267 ext. 126 immediately.

Tuesday thru Friday: If your child is traveling to the camp by bus from CBT, your child should be present at the front of the church (Door D) each day between 7:45-8am to load the bus. The bus leaves promptly at 8am. We ask that you do not drop your camper and leave the premises before the bus is loaded. There will not be a caretaker available to watch your child. If he/she is being brought directly to the campgrounds, they should arrive at 8:30am at the Camp Lodge front porch. Campers will return to CBT (Door D) at 4:30pm sharp, or should be picked up at the Camp Lodge front porch by 4pm sharp. **Please be prompt in picking up your child from either location!**

If your child needs to be absent for any reason, please contact us before 8am that day at (330) 477-6267 ext. 126.

Secure Check-Out: YOU MUST BRING A PHOTO ID TO SIGN YOUR CAMPER OUT. NO CAMPER WILL BE RELEASED WITHOUT AN AUTHORIZED PICK-UP WITH ID.

ABOUT OUR WEEK: Your child will be placed in a group according to age, which is supervised by a trained counselor. Activities will include games, crafts, nature time, swimming, Bible stories, pedal cart rides with a counselor, and the Sweet Shop. You will be informed which day is designated as "Picture Day," and we ask that your child wear the camp shirt they received the morning of check-in.

WHAT TO BRING/NOT TO BRING: See Packing List in Registration Packet. Securely mark all items with a permanent marker.

CAMPERS ARE NOT PERMITTED TO HAVE A CELL PHONE ON THE CAMPGROUNDS, AND PARENTS ARE ASKED NOT TO VISIT OR CALL THEIR CHILD DURING THE WEEK EXCEPT FOR AN EMERGENCY. In case of an emergency, the camp may be contacted at (330) 837-1534 or (330) 477-6267 ext. 126. Campers are not permitted off the campgrounds without the Camp Director's prior permission and your written consent.

DAY CAMP FRIEND DAY: Friday is set aside as a special day for your child to bring one friend or sibling with them to share in their Day Camp experience. This friend must also be between the ages of 5 and 8. The cost for this friend is \$20. Many campers do not bring visitors, so reassure your child that they will still have a great time with their new friends from Day Camp even if they come alone! A Friend Day packet consisting of a Permission Form, Health History Form, Acknowledgment/Release Contract, and Permission to Administer Medication Form must be filled out by the parent/guardian of the child wishing to participate in Friend Day. These forms can be downloaded from the camp website, or packets will be available at the camp and/or church offices. Completed forms and fees will need to be returned on the morning of Friend Day. Friends should bring a backpack or tote with a bathing suit, towel, sunblock lotion, bug spray, and a plastic bag for wet swimsuits.

SECURITY: The entire camp staff is screened and fingerprinted in accordance with the Ohio Law requirements before being hired. A security system is in place to identify adults who are authorized to pick up a child at the end of the day. Be sure you have completed a Child Security Form and have gone over the list of Authorized Pick-Ups at the time of registration check-in.

Alternate Contacts

In the unlikely event that the primary contact cannot be reached, an alternate contact will be used.

Alternate Contact #1

First Name _____

Last Name _____

Birthdate _____

Address _____

City, State, ZIP Code _____

Primary Phone _____

Alternate Phone _____

Email Address _____

Relation to camper _____

Alternate Contact #2

First Name _____

Last Name _____

Birthdate _____

Address _____

City, State, ZIP Code _____

Primary Phone _____

Alternate Phone _____

Email Address _____

Relation to camper _____

Contact and Pick-up

ALL primary and alternate contacts are permitted to pick up my camper at any point during the week.

Signature (required) _____

Friend Request

If applicable, give the name of a friend(s) you would like your camper to be in a group with. (Please remember that 2 friends must request each other to guarantee that they will be placed in the same group.)

Discounts

EARLY BIRD – \$15 OFF This discount is valid from February - March 31, 2026.

CBT MEMBER – \$10 OFF Applies if you are a member of Canton Baptist Temple (must have official membership)

Please select which discounts apply to you:

- Early Bird
- CBT Member

Camp CHOF Donations

Your donation, no matter the amount, will be much appreciated. Thank you for your consideration and the eternal impact your donation will have on the lives of many young people.

- Camp CHOF – General Donation
- Send a child to Day Camp (\$225)

Donation Amount _____

Church Visit Permission

Camp CHOF is owned and operated by Canton Baptist Temple, which maintains all camper information. Our church loves connecting with camp families, so filling out this form may lead to a home visit or follow-up invitation to join us after your camper's week at camp.

If you live too far from Canton Baptist Temple and don't have a local church, you can give us permission to share your contact information with a nearby church of like faith so they can reach out. By checking "yes," you agree to allow us to share your contact information in this way.

- Yes, you have my permission to share my contact information to connect me with a local church.
- No, you do not have permission to share my contact information.

Acknowledgment/Release Contract

ACKNOWLEDGMENT OF RISKS

I understand that participation in camp activities (including but not limited to hiking, climbing, rope activities, Gellyball, airguns, archery, waterslides, swimming, go-karting, ziplining, and field games) involves inherent risks that cannot be eliminated, including the possibility of injury, illness, or death.

Risks may include:

- Rapidly changing weather; temperature extremes; sun exposure.
- Equipment malfunction or misuse.
- Natural hazards such as uneven terrain, insects, or animals.
- Water-related risks, including drowning, cold temperatures, or collisions.
- Motor vehicle accidents during camp transportation.

I understand these are examples and not a complete list of risks.

PARTICIPANT EXPECTATIONS

Participants must:

- Follow all staff instructions and posted rules.
- Alert staff to any unsafe situations.
- Provide proper clothing and footwear.

Camp CHOF is not responsible for loss, misuse, or injury related to personal items.

HEALTH & MEDIA CONSENT

I affirm that my child has no physical, emotional, or mental limitations that would prevent participation, except as noted on the Health History Form. I grant permission for Camp CHOF to record my child's image, voice, or likeness for camp-related use in publications or promotions, without compensation. Personal information will not be shared without consent.

RELEASE & WAIVER OF LIABILITY

In consideration of my child's participation, I assume all risks and agree to indemnify, defend, hold harmless, release, and waive any claim against Camp CHOF, Canton Baptist Temple, and their agents, employees, officers, and assigns for any injury, illness, damage, or loss, including those caused by the negligence of camp staff.

If any part of this agreement is found invalid, the remainder shall continue in full force.
(Parent/Guardian must sign if participant is under 18.)

Signature (required) _____

Print Name _____ Date _____



1820 DEERFIELD AVE NW DALTON, OH 44618

CAMP CHOF IS A MINISTRY OF
CANTON BAPTIST TEMPLE
515 WHIPPLE AVE NW CANTON, OH 44708

PHONE.....(330) 477-6267 EXT. 126
FAX.....(330) 477-2389
EMAIL.....OFFICES@CAMPCHOF.ORG
WEBSITE.....CAMPCHOF.ORG

DAY CAMP PACKING LIST

WE RECOMMEND THAT YOU MARK ALL CLOTHING AND BELONGINGS WITH A PERMANENT MARKER.

Unfortunately, there are many pieces of clothing left at camp each summer that are not claimed and are unidentifiable. This substantial lost and found pile is held on site for 2 weeks after the summer camping season ends before being donated to charity. While we are happy these items find a good home eventually, we want the person who owns the clothing/items to have them again! We are not responsible for lost or stolen items!

WHAT TO BRING

- BACKPACK/TOTE BAG**
- COMFORTABLE OUTFIT & SHOES**
- SWIMSUIT**
- PUDDLE JUMPERS (AS NEEDED)**
CHILD **MUST** WEAR ANY FLOTATION DEVICES BROUGHT WITH THEM!
- BEACH TOWEL**
- SUNBLOCK**
- BUG/MOSQUITO REPELLENT**
- RAIN JACKET**
- HAT**
- PLASTIC BAG FOR WET ITEMS**
- WATER BOTTLE**

WHAT NOT TO BRING

- MONEY**
- PHONES**
- TABLETS/IPADS**
- GAMING DEVICES**
- CAMERAS**
- DRUGS, ALCOHOL, TOBACCO**
- WEAPONS, KNIVES, FIREARMS**
- FIREWORKS**
- SKATEBOARDS, ROLLERBLADES, BIKES**
- INAPPROPRIATE MATERIALS**
- CLOTHING OR ITEMS WITH OFFENSIVE IMAGES AND/OR LANGUAGE**
- LIVE ANIMALS**

DAY CAMP FEE INCLUDES:

CAMP CHOF T-SHIRT, LUNCH, CRAFT, AND A DAILY TRIP TO THE SWEET SHOP.
EACH DAY AT SWEET SHOP, EACH CHILD MAY CHOOSE 2 OF THE FOLLOWING ITEMS:

- SMALL ICECREAM BOWL
- BAG OF CHIPS
- CANDY/CHOCOLATE BAR
- POP/GATORADE/WATER

LOST & FOUND

PLEASE CALL THE CAMP AT (330) 837-1534 TO CHECK ABOUT ANY LOST ITEMS.