

Pyoca Day Camp

Who: Grades K-5

What: A week-long program packed with Bible lessons, fun, games, swimming and even some campfire songs.

When: July 13 - 17

Where: Pyoca Camp Conference and Retreat Center

Brownstown, IN (Just past the Jackson County Fairgrounds)

Sample Schedule

- 9:00- Check in/energizers silly songs**
- 9:20- Introduction to daily theme**
- 9:30- Games (Small group)**
- 10:30- Craft (Small group)**
- 11:30- Story time/Group lesson**
- 12:00- Lunch**
- 12:30- Quiet unstructured time**
- 1:00- Small group study**
- 1:45- Swim Time**
- 2:30- Nature exploration**
- 3:15- Snack**
- 3:30- "campfire" and day closing**
- 4:00- Pickup**



Thank you for your interest in Day Camp at Pyoca. **The program will run from 9:00 a.m. to 4:00 p.m. July 13 – 17.** Before care is available starting at 7:30 a.m. and after care is available until 5:30 p.m. Please specify specific times on the registration form for early drop off and/or late pick up. **The cost of the program is \$80 for the entire week** an additional \$20 will be charged for before or after care for the week \$40 if you will be requiring both before and after care.

Please return the attached form with a check for the appropriate amount to:

Pyoca Camp Conference and Retreat Center

ATTN: Day Camp

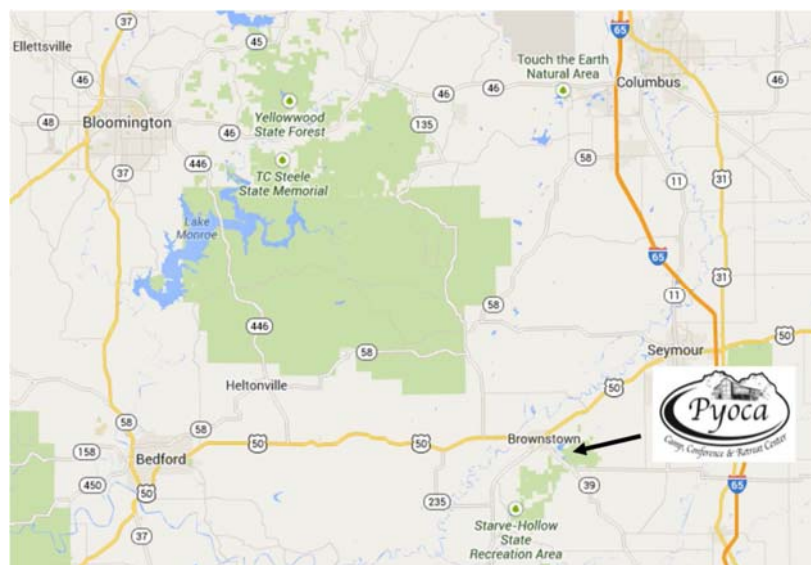
886 E. County Rd. 100 S.

Brownstown, IN 47220

Checks can be made out to Pyoca with Day Camp and your child's name in the Memo Line.

Drop off and Pick-up will take place at the Pyoca Lodge. (Building at the bottom of the Main Parking Lot) To ensure the safety of your child a photo ID will be required at pickup each day.

If you have any questions feel free to contact Mike Davis at mike@pyoca.org or at 812-358-5501.





Registration

Pyoca Day Camp

July 13-17, 2015



Name			
Age	Birthday	Gender	
Grade Sept 2014:	Age June 2014:	Home Phone #	T-shirt Size
I need to drop of my child early/pick up late. <i>(Drop off available beginning 7:30 AM, pick up until 5:30 PM)</i>			
<u>Drop off Time:</u>		<u>Pick up Time:</u>	

Female Guardian

Male Guardian

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
E-mail	E-mail
Emergency contact name	Emergency contact phone

Special Needs/Medical Concerns:
Food Allergies:
Medication/Instructions:

The camper listed above has permission to engage in all prescribed camp activities except noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the even I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I also release Pyoca to use my/ my child's photographs in future publications.

Signature of Parent/Guardian

Date