



# Camp Perkins Day Camp

## Congregation Vital Stats Sheet

*Please submit to [Nicole@CampPerkins.org](mailto:Nicole@CampPerkins.org) by May 1*

Name of Congregation: \_\_\_\_\_ Camper Estimate: \_\_\_\_\_

Day Camp Site Address: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Church Email: \_\_\_\_\_

Congregation Coordinator Name: \_\_\_\_\_

Congregation Coordinator Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What are the daily hours of the DayCamp experience? \_\_\_\_\_

What time is the meeting with Volunteers on Sunday? \_\_\_\_\_

Where will this meeting take place? \_\_\_\_\_

### Host Families

Family Name	Address	Phone Number(s)

Please list evening activities you have planned for the staff to lead or attend

Day	Planned Evening Activity	Time & Location
	Volunteer Meeting	

Please list any other Planned Special Events during the week:

Day	Event	Time & Location	Name of Special Coordinator

Please list the names of church staff who will be participating in the program and what they will be doing:

Name	Position	Activity

Please list all volunteer names and contact information. You can provide this on a separate sheet if necessary.

Name	Address	Phone Number(s)	Position

**Day Camp Team Meals**

Meals for the Camp Perkins staff are the responsibility of the congregation. They can be provided in a number of ways: (1) provided by the host at the host’s homes, (2) bring prepared meals for the team, (3) purchase groceries, (4) provide money, etc.

**Staff Meal planning:**

- \*Friday Dinner: \_\_\_\_\_
- \*Saturday Breakfast: \_\_\_\_\_
- \*Saturday Lunch: \_\_\_\_\_
- \*Sunday Breakfast: \_\_\_\_\_
- Sunday Dinner: \_\_\_\_\_
- Monday Breakfast: \_\_\_\_\_
- Monday Lunch: \_\_\_\_\_
- Monday Dinner: \_\_\_\_\_
- Tuesday Breakfast: \_\_\_\_\_
- Tuesday Lunch: \_\_\_\_\_

- Tuesday Dinner: \_\_\_\_\_
- Wednesday Breakfast: \_\_\_\_\_
- Wednesday Lunch: \_\_\_\_\_
- Wednesday Dinner: \_\_\_\_\_
- Thursday Breakfast: \_\_\_\_\_
- Thursday Lunch: \_\_\_\_\_
- Thursday Dinner: \_\_\_\_\_
- Friday Breakfast: \_\_\_\_\_
- Friday Lunch: \_\_\_\_\_

\*Meals needed if staff coming weekend prior to Day Camp week.



# Emergency Information

Name of Congregation: \_\_\_\_\_

Day Camp Site Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Church Phone: \_\_\_\_\_

Pastor at home: \_\_\_\_\_

Pastor cell: \_\_\_\_\_

Police: \_\_\_\_\_

Hospital: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Camp Perkins: Camp Office: 208-774-3372 Camp After-hours: 208-774-2272

Host Family: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Host Family: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please complete this form and give it to the Day Camp Coordinator. In addition, post one copy by a church telephone available to the Day Camp Staff while camp is in session.