



## CAMP MISSION MEADOWS

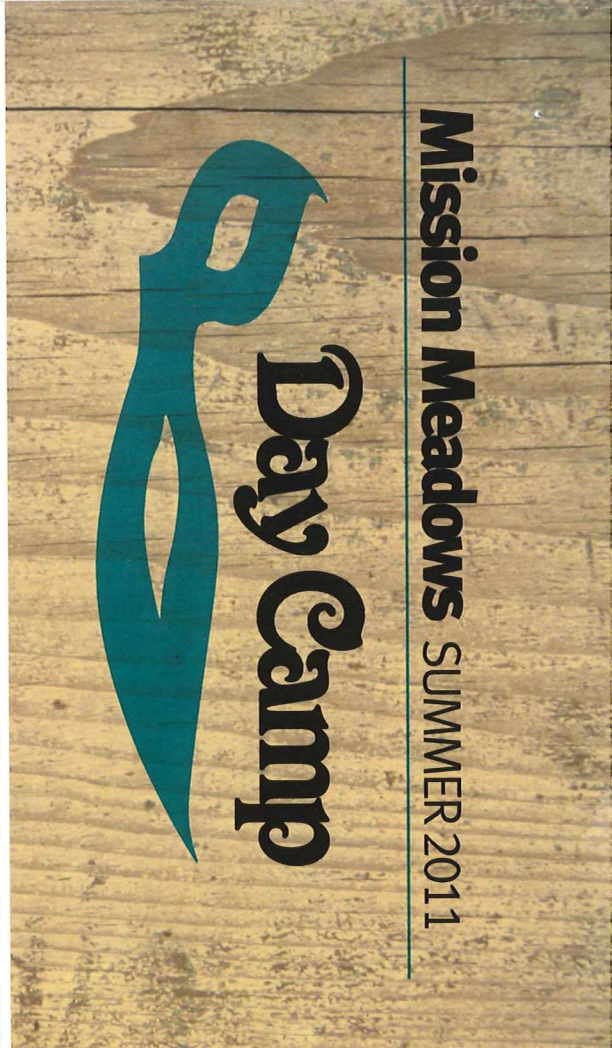
5201 East Lake Road · PO Box 42  
Dewittville, NY 14728

[www.missionmeadows.org](http://www.missionmeadows.org)  
716.386.5932

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**PAID**  
DEWITTVILLE, NY 14728  
PERMIT NO. 3

**Mission Meadows** SUMMER 2011

# Day Camp

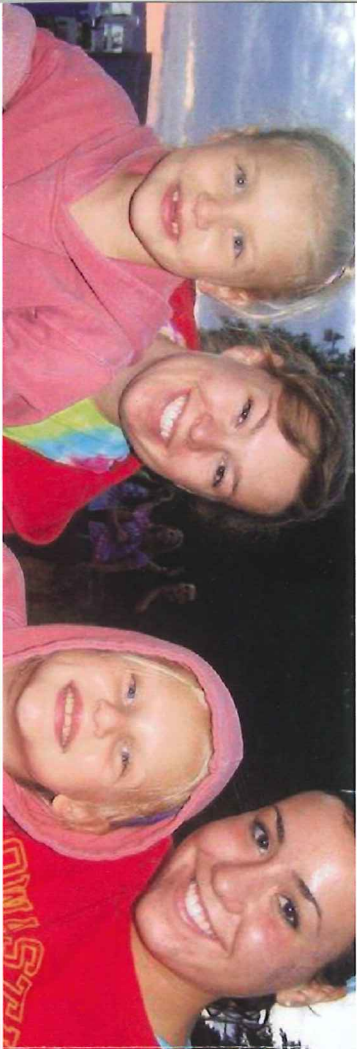


# Mission Meadows Day Camp

for kids entering grades 2-4 in fall 2011

Monday, Aug. 8–Friday, Aug. 12

Arrive 7:30–8:15 am, Depart 6:00–6:30 pm



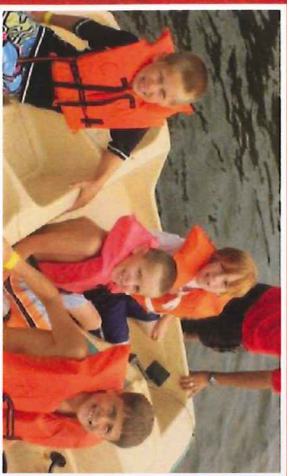
## ADDITIONAL NOTES

*Please Read Carefully*

**PICKUP POLICY:** For your child's protection, we must know who is authorized to pick up the camper. See space on registration form.

**HEALTH CARE:** We must have a new, completed health form from the current year for each camper, signed by a parent and physician. (This will be mailed when we receive your registration.) All medications will be kept and administered by the camp nurse. Doctor and hospital services are available nearby; parents will be notified if such services are needed.

**VISITATION & TELEPHONE:** Parents are requested not to visit or telephone campers except in case of emergency. Campers are not permitted to use the telephone without



[missionmeadows.org](http://missionmeadows.org)

## MESSAGE TO PARENTS



We know sending your child to camp is a big decision – that's why we're committed to providing a safe, fun, caring, God-centered environment. We carefully screen and interview our staff, selecting those with high personal and spiritual maturity and a love of kids. We also consistently meet or exceed state health department guidelines for facilities, food service and supervision. We do all this in hopes of making Mission Meadows a place where your child will grow and make memories that last a lifetime.

**Cost:** \$210 (no daily rate, no credit for missed time or meals)

**Includes:** Three meals per day, full day of activities, participating in the same schedule as week-long campers.

## 2011 DAY CAMP REGISTRATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Camper's Email \_\_\_\_\_

Grade Entering in Sept. 2011 \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_ Pastor \_\_\_\_\_

Church \_\_\_\_\_

Church Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_

Person(s) authorized to pick up camper at end of the day IF OTHER THAN PARENTS: \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Please send your registration and a \$50 deposit (non-refundable) to:

Camp Mission Meadows  
PO Box 42  
Dewittville, NY 14728  
(Please make checks payable to Mission Meadows)

Financial assistance is available. We desire summer camp to be a possibility for all children. Please contact Mission Meadows for more information and an application.

### Official Use Only

I.D. \_\_\_\_\_

Check # \_\_\_\_\_

Amount \_\_\_\_\_

Date Rec'd \_\_\_\_\_

