

- Food allergies (please specify) _____
- Animals (please specify) _____
- Insect stings (please specify) _____
- Penicillin or other drugs (please specify) _____
- Other (please specify) _____

5. Does your child carry any allergy medication? Yes No

If yes, provide details: _____

6. What was the date of your child's last tetanus shot? _____

7. Does your child have any physical handicaps or limitations? _____

8. Does your child have any of the following conditions? Please check off and provide further information:

- Diabetes Ear Infections Asthma Epilepsy ADD/ADHD Behavior Disorders
 Nosebleeds Heart Trouble Fainting Spells Lice/Scabies Other _____

Additional Details: _____

Does your child take medications for any of the above conditions? _____

9. Does your child need to take the medication during day camp time? Yes No

If yes, please contact the Day Camp coordinator for more information.

10. Does your child have: ___special needs ___learning needs ___physical needs ___behavior needs

11. Does your child have a Columbus Parks and Recreation leisure card? Yes No

(Getting one before Day Camp will save you money on registration fees.)

12. Can your child swim? Yes No

13. Is there anything else that will help us to know your child better? (attach additional sheet if necessary) _____

Photo Release

I give my permission to Lower Lights Ministries to use any photographs or video tapes that may be taken of my child while attending Day Camp for promotional or educational purposes (e.g. posters, brochures, ads, etc.). I agree that the photos and/or video footage may be used without limitation on time or frequency.

Date: _____ Signature: _____

Number of people living in your household: _____

Lower Lights Ministries is requested by various funders to gather the following information. However, sharing your response is entirely optional, and you may choose "Prefer not to answer"

Annual Household Income (please select one below):

- _____
- | | | |
|--|--|---|
| <input type="checkbox"/> Below \$4,999 | <input type="checkbox"/> \$20,000 - \$39,999 | <input type="checkbox"/> Over \$80,000 |
| <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$40,000 - \$59,999 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$10,000 - \$19,999 | <input type="checkbox"/> \$60,000 - \$79,999 | |

Parental Authorization

I certify to my knowledge that the health history provided is accurate and that my child has not been exposed to any contagious disease within the last thirty days. I understand that in the event of an emergency or non-emergency situation in which medical treatment is required, every reasonable effort will be made to contact the person(s) listed in this form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. I understand that Lower Lights Ministries and Lower Lights Community Church of the Nazarene will not be held liable for any accidents while my child participates in activities.

Consent/permission is given for child to engage in all prescribed camp activities, including outings and off-site trips except as noted by parent/guardian.

I also understand that if my child needs to be sent home for any reason (illness, injury, or disciplinary), I will be contacted at one of the numbers provided and will be responsible for any and all expenses incurred.

Every activity sponsored by this organization is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in ministry-related social activities. They also agree not to hold this organization or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Print Name _____ Relationship to child _____

Signature _____ Date _____

Policies for Summer Camp

Attached are Lower Lights Ministries policies for lice, cell phone usage, and appropriate dress code. Initial below if you agree to these terms for your child(ren) to participate in Summer Camp.

I _____ agree to the Lower Lights Ministries policy for:

Lice _____

Cell Phones _____

To follow CCS Dress Code _____

Print Name _____

Signature _____

Date _____

Bright Lights Kids Cell Phone Policy

Due to smart devices' qualities of being distracting, easily broken, easily lost, easily stolen, and not easily monitored:

1. Cell phones are **NOT** to be brought to camp.
2. If you need to contact your child, please call our office or contact Aubrey via the Remind text or Lower Lights Office: 614-228-3855

If students carry devices for safety and communication with family, they must remain off. If phones are discovered to be in use during the camp, they will be safely stored for the duration of the day and will be returned at the end of the camp day. If you need to reach your child during camp hours, please use one of the options above.

Child(ren) Signature _____

Parent Signature _____

2026 Summer Day Camp
CHILD PICK UP AUTHORIZATION

My Child(ren): _____

Will be picked-up from the Summer Day Camp by

Printed Name/Relationship to Child(ren)

I understand & agree that the above individual must go to the child's leader and signed out before the child will be released. Should there be any changes in this arrangement, I realize that I must inform a staff member of Lower Lights Ministries at 1066 Bellows Ave., Columbus, Ohio 43223. **Children cannot and will not be released to anyone who is NOT on the above list without prior consent from parent/guardian. If so, an alternate person must present a photo identification.**

Printed Name/Signature/Relationship/Date

My child(ren) may walk home on their own. Lower Lights Ministries and staff will not be responsible for them once they leave the building.

Signature

Date

Day Camp Field Trip Permission Slip

During Day Camp we will be taking campers on multiple field trips. Some trips will be out of Franklinton while others will be local.

This permission slip allows for your child(ren) to participate in all our field trips unless we are told otherwise. As each field trip approaches, there will be reminder notes sent home.

I _____ give permission for my child(ren) to participate in Lower Lights Day Camp field trips.

Names:

Print/Sign Name

Date

Thanks! We are so excited to spend the summer exploring more of Franklinton and other parts of Columbus with your children!

Day Camp Staff



Lower Lights Summer Camp DRESS CODE

We have modeled our dress code after Columbus City School's Student Dress Code

- All clothing shall be within the bounds of decency and good taste as appropriate for school. Clothing shall be sufficient to conceal undergarments at all times.
- No sleep wear.
- No bare midriffs. As a test for appropriate length, no bare midsection shall be exposed when arms are raised above the head.
- Tops may not be low cut, off the shoulder or otherwise revealing. No tube tops, spaghetti strap tops, halter tops and/or any strapless top that reveals midriff or chest area.
- No undershirts shall be worn as outerwear.
- Shirts must be worn at all times and must be sized appropriately so that they do not interfere with normal activities.
- Shorts, pants, and skirts shall have no writing across the seat area.
- Clothes may not be tight, form fitting, or see through.

Because we will be *very active*, shoes must be worn at all times. Slippers or bedroom shoes are not permitted. ***Flip flops & slides*** may be worn on water play days but are not the best choice for every day.

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- Commercial lettering or printing will be allowed on shirts and sweatshirts as long as it is acceptable for school attire.
 - Clothing and jewelry shall be free of writing, pictures or any other insignia which are crude, vulgar, profane, sexually suggestive or which advocate negative racial, ethnic, gender or religious prejudice, or use or glorification of drugs, tobacco, alcohol or violence.
 - Metal studded collars and chains hanging from clothing are not allowed.
 - Hats, caps and other types of head covering (other than for religious purposes) shall not be worn inside buildings.
 - Sunglasses are approved for wear outside, but not for inside the building.
 - Students may wear shorts within the following guidelines:
Shorts must reach **mid-thigh**, and must be worn to the waist. Sagging shorts are not allowed. Short shorts are not allowed, except with swimwear.
 - Long pants are allowed for both boys and girls. The fullness of pants must not interfere with normal activities. All long pants must be proper waist size, length and leg size (**no sagging**; no oversized clothing).

* **SWIMSUITS** Boys - must have properly fitting swimsuits with interior netting (no cut offs)
Girls - one piece or "tankini" is recommended for camp.

*please inform camp staff if your child is in need of a swimsuit or other clothing

Lower Lights Ministries 2026 Summer Day Camp

LICE POLICY

In order to promote the safety and well-being of all campers and staff this year, Lower Lights Ministries will implement the following policy concerning lice:

Weekly Screenings

- On random mornings, all campers will be screened by trained adults for the presence of head lice.
- If lice are found, the parent/guardian will be contacted to promptly pick up the student. While waiting for pick up, staff will, in a sensitive manner, separate the infected student from the other students.
- The student should be treated promptly with a lice treatment regimen and nit combing/removal. In addition, at home, floors, rugs, pillows, and upholstered furniture should be thoroughly vacuumed. Clothing, linen (including bedding) and cloth toys worn or handled by the student during the 2 days prior to diagnosis must be washed in water hotter than 130 degrees or dried for at least 20 minutes on the hottest temperature dryer setting. Other articles that cannot be washed should be placed in plastic bags for at least 10 days to kill the nits. Combs and brushes used on infected child should be immersed in water hotter than 130 degrees, Lysol, rubbing alcohol for one hour.
 - Please notify us if you are unable to obtain the necessary products to treat your child, as these may be available.
- Students will be allowed to return to day camp based on a “no lice” policy. This means that they can return the day after treatment. They must bring a note describing treatment, preferably from their physician. Staff will check the returning student to insure that no live lice are still present. Infected students will need to be carefully rechecked 7 days after treatment and again 14 days after treatment to ensure that no live lice have returned. If they do, the process will need to start over again. (If students require more than two treatments, they have a resistant infection and must see a physician. They will not be allowed to return until cleared as non-infectious by the doctor and able to return to the program.)

Lice Infection of a Camper not detected at a Screening

- Any camper known to have a lice infection will need to follow all of the same procedures as above whenever the infection is detected.
- In addition to the infected camper, any of the infected camper’s housemates or siblings will also need to be checked by camp staff immediately to see if they also are also infected.