

**Basking Ridge Presbyterian Church Philadelphia WORKCAMP Registration**  
**Middle School (Completed 6<sup>th</sup> – 8<sup>th</sup> Grade)**  
*“Change the World – 1 Person at a Time”*  
**Saturday, August 1 – Thursday, August 6, 2020**



Breaking Bread at Broad Street Ministry



Summer in the City campers



Old Pine Community Center

**MISSION of SERVICE PROJECTS:** To make and nurture disciples of Christ through service and learning

**VISION:** To spend a block of time where our youth will experience the community of Christ and be encouraged to respond to God’s call to service in the world

**WHO:** Middle School Youth (completed 6<sup>th</sup> – 8<sup>th</sup> grade), Advisors/Parents/Relatives and friends of youth

**CURRENT PLANS FOR SERVICE OPPORTUNITIES:**

- 1) We will volunteer at Old Pine Community Center: On Saturday and Sunday, we’ll help prepare and serve a meal and visit with seniors. During the week we will help at their “Summer in the City” day camp to lead crafts and games for about 40 kindergarten – 3<sup>rd</sup> grade children.
- 2) We will volunteer at Breaking Bread at Broad Street Ministry to prepare and serve lunch to those in need
- 3) We will help set up and participate at New Spirit Community Church (PCUSA)’s Vacation Bible School

**SPIRITUAL:** Youth will co-lead our interactive devotions and Bible studies with advisors’ support, and we may attend 1 – 2 nights of Vacation Bible School with New Spirit Community Church.

**SOCIAL:** We’ll visit sites, such as the Liberty Bell, Spruce Street Harbor Park and the Presbyterian Historical Society. Back at the Community Center, we will enjoy playing fun indoor and outdoor games.

**HOUSING:** We are staying at the Old Pine Street Community Center, which is directly behind the Old Pine Presbyterian Church at 412 Pine Street, Philadelphia, a beautiful, restored area. We will bring air mattresses and sleep in their air-conditioned rooms. We’ll have use of their showers/bathrooms and their full commercial kitchen.

**MEALS:** Breakfast and lunch at Community Center, dinners at Community Center and at local restaurants in Philadelphia. Special dietary needs are easily accommodated.

**COST:** Please indicate on registration form if financial aid is needed.

<b>Church Members – if registration is received by May 10</b>	<b>\$175</b>
<b>Church Members – if registration is received after May 10</b>	<b>\$225</b>
<b>Friends of BRPC</b>	<b>\$225</b>

**EXPECTATIONS:**

- A. Attend planning prep sessions – 2 or 3 will be offered in early summer.
- B. Attend our Commissioning Worship Service on July 26.
- C. Pray for our group and those we will meet in Philadelphia.
- D. To uphold the greatest commandment, which is to love both the Lord and others, with all my heart, soul & mind.
- E. Attend and help speak at our Workcamp Sharing in worship ( Date TBD).

**TURN OVER FOR PACKING LIST →**

Revised 2/25/2020

# Packing List for Middle School Workcamp 2020

**In General** - Pack lightly and label your belongings. Duffel bags or soft luggage are preferred.

## FOOD:

- 6<sup>th</sup> graders: breakfast muffins/breads AND 1 gallon of milk
- 7<sup>th</sup> graders: 1 bottle of juice (OJ), lemonade, or iced tea AND fresh fruit to share (washed strawberries, apples, or grapes)
- 8<sup>th</sup> graders: desserts (homemade) or snacks/chips
- Female Advisors: 2 boxes of cereal (for both adults and youth)
- Male Advisors: Bag of ice and a batch of bananas (not ripe yet)

## PARENTS - let Cathi know if you can also supply and bring:

- 1 frozen homemade dinner casserole (lasagna, mac and cheese, chicken casserole, pulled pork, etc... - please label)
- Bags of caesar or other salad
- 1 half gallon of almond milk

## Personal Items

- Bible (if you don't have one, please let me know)
- Back pack or String Bag - NEEDED - to carry items each day
- Refillable Water Bottle (**VERY important!**) with name clearly marked
- Prescription medicines as needed – labeled with name and dosage amounts
- Toiletries (the church has showers and bathrooms)
- Clothes – Casual clothes for serving, sweatshirt, rain clothes, sleeping attire, underwear, socks, etc..
- 1 nicer outfit for Sunday morning worship at Old Pine Presbyterian
- Sun Hat or Visor – we will be outside playing with children
- 2 large Towels (for showering and the pool)
- 1 bathing suit – modest preferred
- Sturdy Sneakers required for worksites (flip flops/sandals okay back at church)
- Sleeping bag or blanket, twin sheets, pillow
- Sunscreen and bug spray
- \$50 - \$75 Spending money - for 2 dinners/fun activities/ice cream, and for donation at Old Pine Presbyterian Church at worship on Sunday (please bring money in a wallet)
- Flashlight
- Phone Charger - we ask that you restrict phone usage primarily to taking photos and as a flashlight – most times phone will be on silent or away - we want to be in community with those present

## OPTIONAL:

- Air Mattress (twin) or Cot
- Frisbee, playing cards, games (all labeled)
- Sunglasses

**Registration for BRPC Middle School Philadelphia Workcamp ~ August 1 – 6, 2020**

Name of Youth: \_\_\_\_\_

Youth's Grade in 2020 - 21: \_\_\_\_\_

Cell phone of youth: \_\_\_\_\_

Age of youth as of August 1: \_\_\_\_\_

Cell phone of parent/guardian: \_\_\_\_\_

E-Mail of Parent/guardian: \_\_\_\_\_  
(If you receive Cathi's regular e-mails, just write N/A)

**FOR YOUTH - CHECK ALL THAT APPLY:**

- I give permission for my child to attend the Middle School Workcamp on August 1 – 6, 2020
- My child can only attend part of the trip (list details):  
\_\_\_\_\_  
\_\_\_\_\_
- Enclosed is the 2020-21 Youth Medical Consent Form
- I have attached a copy of my medical card OR \_\_\_\_\_ I don't have insurance or an insurance card
- Enclosed is the payment of \$ \_\_\_\_\_.
- I need financial assistance and am paying \$ \_\_\_\_\_ of the total cost.
- Size of T-shirt for youth: (Youth M, L, Adult S – XXXL): \_\_\_\_\_

**FOR ADULTS (Advisors/Parents/Relatives) – YOU ARE NEEDED!! CHECK ALL THAT APPLY:**

- I would like to make a tax deductible contribution of \$ \_\_\_\_\_ to help with extra trip expenses.
- I (or a family member) would like to attend \_\_\_\_\_ (print name).  
NOTE: We need caring adults to make this trip a reality.
- I can only attend part of the trip (list details): \_\_\_\_\_
- I am willing to drive and have \_\_\_\_\_ seatbelts (including myself).
- I will make a frozen casserole for one of our dinners (details will be sent later).
- Enclosed is the 2020 - 21 Adult Medical Consent Form.
- Size of T-shirt for adult: (Adult S – XXXL): \_\_\_\_\_

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

Questions – Call Cathi's cell: (908)-240-2060 or email her: [cathi@brpc.org](mailto:cathi@brpc.org)  
Return to Cathi Reckenbeil ASAP at BRPC, Attn: Cathi, 1 E. Oak St., Basking Ridge, NJ 07920

# YOUTH MEDICAL CONSENT FORM for May 1, 2020 - October 1, 2021

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Youth Cell \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian name \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Parent/Guardian name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Family doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Last tetanus shot \_\_\_\_\_ Blood type (if known) \_\_\_\_\_

The undersigned does hereby give permission for our (my) child \_\_\_\_\_, to attend & participate in **all youth fellowship events** sponsored by The Presbyterian Church, Basking Ridge, NJ.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with medical and dental services rendered to above named individual pursuant to this authorization. Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by The Presbyterian Church, Basking Ridge, NJ. The undersigned does also release The Presbyterian Church, Basking Ridge, NJ, its employees and volunteers from any responsibility and liability for injury, damages or loss occurring during the afore-mentioned activity to our/my child who, with the undersigned, assumes all risks in the use & enjoyment of said activity.

\_\_\_\_\_  
 Parent or legal guardian name (*please print*)                      Signature of Parent or legal guardian                      Date

Insurance company _____	Policy number _____
<input type="checkbox"/> YES, I have attached a copy of current medical card to this form or scanned and emailed it to <a href="mailto:jleotti@brpc.org">jleotti@brpc.org</a> This is REQUIRED, if youth is insured.	

Please list any ALLERGIES (to medication or food) and any MEDICAL or EMOTIONAL concerns your child may have:

\_\_\_\_\_

\_\_\_\_\_

Please list any other pertinent information: \_\_\_\_\_

List any and all medication youth is presently taking (this information is kept confidential): (*You may continue on back*)

Name of medication	Dosage	Reason for medication	Can your child self-medicate?

Is the youth currently being treated for any medical/emotional problems?     Yes     No

If so, please provide the following: condition being treated \_\_\_\_\_

Doctor's name & telephone number (if different from above) \_\_\_\_\_

Do we have permission to post your child's photo and/or 1<sup>st</sup> name on our website/social media?     Yes     No  
 (NOTE: Last names of youth will NOT be included in any postings.)

# ADULT MEDICAL CONSENT FORM for May 1, 2020 - October 1, 2021

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Family doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Next of Kin to call: \_\_\_\_\_ Cell \_\_\_\_\_  
Other Emergency names / phone number(s) \_\_\_\_\_

While participating in activities/events/trips sponsored by The Presbyterian Church, Basking Ridge, NJ, the undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with medical and dental services rendered to above named individual. Should it be necessary to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also release The Presbyterian Church, Basking Ridge, NJ, its employees and volunteers from any responsibility and liability for injury, damages or loss occurring during the aforementioned activity and assumes all risks in the use and enjoyment of the activity/event/trip.

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_  
Group number \_\_\_\_\_

\_\_\_\_\_  
Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I have attached a copy of medical card or have scanned and emailed it to [jleotti@brpc.org](mailto:jleotti@brpc.org)  
\_\_\_\_\_ I have attached a copy of my driver's license or have scanned and emailed it to [jleotti@brpc.org](mailto:jleotti@brpc.org)

Please list any allergies (to medication or food) or medical concerns you may have:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other pertinent information: \_\_\_\_\_  
\_\_\_\_\_

List any and all medication you are presently taking (this information is kept confidential):

Name of medication	Dosage	Reason for medication

Date of last tetanus shot \_\_\_\_\_ Blood type (if known) \_\_\_\_\_

Are you currently being treated for any medical problems? \_\_\_ Yes \_\_\_ No

If so, please provide the following: Medical condition being treated \_\_\_\_\_

Any other pertinent Doctors you are seeing / telephone number \_\_\_\_\_