



Created for a Purpose is a Creative Arts program designed to teach girls 3rd – 8th grade that they were created by God, perfectly, for a purpose: to glorify God and enjoy Him forever.

SUMMER CAMP 2019

Monday, July 29 - Friday, August 2
9:00 a.m. until 1:30 p.m.

at Camp Hill United Methodist Church

CFAP STATEMENT OF FAITH: APOSTLE'S CREED

I believe in God the Father Almighty, Maker of heaven and earth; And in Jesus Christ His only Son, our Lord; who was conceived by the Holy Ghost, born of the Virgin Mary, suffered under Pontius Pilate, was crucified, dead and buried; He descended into hell; the third day He rose again from the dead; He ascended into heaven, and sitteth and the right hand of God, the Father Almighty; from thence He shall come to judge the quick and the dead. I believe in the Holy Ghost, the holy catholic church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting. We expect our leaders to conduct themselves in a manner that represents their faith in Jesus Christ as Savior and Lord. If you are in agreement with our statement of faith and are willing to serve as an example for these young girls, please sign below:

Signature _____

Additional information may be found at
www.createdforapurpose.org

ADULT HELPER FORM

Name _____

Grade entering in Fall 2019 _____

School _____

T-Shirt Size: Youth Med Lg

Adult Sm Med Lg

Parents _____

Address _____

Email _____

Phone _____

Allergies _____

In the event of an emergency, please contact:

Name _____

Phone _____

Cell Phone _____

I would like to be in a group with one of these two friends:
(Girls are grouped by grade)

1. _____

2. _____

PHOTO RELEASE

I, _____

give my permission for my child's photo

_____ (name) to be used for CFAP promotional purposes as deemed useful by the camp director. Names of the children will not be released.

parent signature _____

date _____

MEDICAL RELEASE

It is my understanding that in the event of an emergency involving my child, every attempt will be made to reach me or the Emergency Contact Person I have listed for my child. If I cannot be contacted I give my permission for camp personnel to provide medical services that are deemed necessary.

parent signature _____

date _____