



✝ Worship 10am

117 N. 3rd Ave. | PO Box 1 | Kure Beach, NC 28449

Church Office: 910-458-5266

Website: www.kmlc.org | Email: kurememorial@kurememorial.com

JUNE 2021 – NEWSLETTER

Volume 20, No. 66



Our Mission Statement – As joyful followers of Jesus Christ, we welcome and care for all people. We boldly proclaim the Good News, share our faith, and love God by serving others.

Our Statement of Welcome – Accepting those who Christ has already accepted, Kure Memorial Lutheran Church affirms that all people, regardless of race, national origin, sexual orientation, or economic status, are unconditionally welcome to our community of faith and are invited to join us in worship, fellowship, and ministry.

“(Jesus said) Then the King will say to those on his right, ‘Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in...’” (Matthew 25: 34-35)

Thank you
for leaving
your doors
open ♡

This passage is a small part of a larger story from Matthew’s Gospel. It is part of the parable of the “Sheep and the Goats”, which may be familiar to many of you! At the end of this story when “those on his right” ask when they did any of those things for him, Jesus responds, “... ‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.’”

This church does a lot of things for a lot of people in our community. Sunday lunches. Collecting food for the Help Center and providing support for the Island Cottage. Providing funds for meals at the Good Shepherd Homeless Shelter. Supporting the First Book organization and the Katie B. Hines Senior Center in Carolina Beach. Reaching out to others through our Care and Share ministry. All of these, along with several other things we’ve done, like collecting funds for the fire victims in Carolina Beach this spring and participating in fundraising events for local

organizations. And one that we may not think of...is leaving our church doors open during the day so people can come in and pray, meditate, think...inviting in the strangers who need a place of solitude and peace in their lives.

We are so blessed to be able to offer a place for people to come. To be renewed. To be refreshed. To feel the presence of God. Quite often I will wonder just how often people do use our sanctuary! But then my answer comes through notes like the ones you see in the photos on this page. I found these notes in the sanctuary last week, which is a sample of the gratitude of those who take advantage of using this space God has given to us. I have also heard about others from our community who are “regulars”, whom I’ve never seen, who will spend time in the sanctuary from time to time. It’s awesome to know what an impact we can provide in people’s lives, isn’t it?

“I was a stranger...you invited me in...” Hmmmm...I wonder how many times Jesus has been in our sanctuary?

Surfin' on God's Grace!

Pastor Dan

Thank you for
leaving your
doors open.
coming here
has helped me
to think and
pray. ♡

Children's Ministry Updates:

Sunday School has been such a success we want to continue it over the summer! The children have enjoyed the purposeful activities that have been planned for them. We need lovely VOLUNTEERS like YOU to make that happen! :) Please fill out this google form at your earliest convenience (link below). Please let me know if you have any questions.

https://docs.google.com/forms/d/e/1FAIpQLSeUeJ0OhmRhLn3K7atXd3xknZUrMIy3m8rYmQ_aMwOI3XrXwg/viewform?usp=sf_link

VBS for children age 3-5 is June 14-18 from 9am-11:30am. Please invite your friends and neighbors to register for this week of Adventure Island! Where the children will learn the pillars of God's love through trust, faith, joy and hope. Registration is due by June 6th.

Agape Day Camp for rising 1st-5th graders is July 26-30! Please reach out to anyone in the community who would be interested in attending! Registration for Day camp is July 12th.

Registration forms for both weeks are included at the end of this newsletter!

Youth Ministry Updates:

Follow us on Instagram! @kml.youth

Youth Sunday Lunches has come to a close for the season. Have a great summer! Youth Group will resume in the fall on a weekly basis. Summer Youth activities will be planned so stay tuned!

Please reach out if you have any questions/comments/concerns or ideas in regards to the Children and Youth Ministry!

McLean Robinson
704-962-2602
mcleangrobinson@gmail.com

Children and Youth



New member informational meeting: For those of you who have become involved with Kure Memorial through worship as well as our other ministries, and are interested in joining the church, we will be having a new member informational meeting on Sunday, June 6 following worship, either in the courtyard or in the sanctuary...depending on the temperature of the day! It will last about one to one and half hours. We will then receive new members on Sunday, June 13 during worship. If you can't make either of these but would still like to join, no problem, just let Pastor Dan know. Official membership is not something you have to do, to be involved in our ministry, but some people choose to join as part of their faith journey! Please let Pastor Dan know if you are interested!



Monthly Men's Breakfast is back! After gathering for "Coffee and Conversation" in the side lawn area of the church, the men had their first "Men's Breakfast" since Covid! We had a great turnout, some great food and great conversation! The next "Men's Breakfast" will be on June 26. We will gather in the fellowship hall for breakfast. The tables will be spread out and we will seat only 2 people per table. That seemed to work out well! Also, rather than cooking at the church, please bring a dish that you have cooked at home! The oven will be on for things that need to be heated up. Please let Pastor Dan know what you plan to bring! Breakfast is at 8:30am. The doors will be open and coffee will be going at 8:00am!

Out of the Pews (our ministry for those ages 40ish to 60ish) is also getting going again! We tried a couple of zoom events during Covid...and now we are ready to regather! Our first event will be going to a Wilmington Sharks Baseball Game together! Come on out to the ballpark on Friday, June 25! Game time is 7:05pm! We will plan to meet near the front gate at 6:30pm. Please let Pastor Dan know if you are planning to come to the game with us.



Beach Worship will begin on June 2!! It's hard to believe that our beach worship season is almost here! We will be meeting at the end of Ave. F in Kure Beach, out from the Kure Beach Faith Center at 7pm throughout the summer. This year the plan is to continue into mid-October. We have a great line up of musicians to lead our music again this year, so it will be another great year! Bring your beach chair, blanket or beach towel and join us! It is a great place to worship with the family so be sure to bring the sand toys for your children! We are looking forward to another great summer!

Great News!!! Technology Upgrades are on the way! As we look back upon this last year and a half...we have learned a lot about doing church a different, more effective way! "Worship Together" has taken on a whole new meaning! It's not just sitting in the pews together...but so much more! Back in December of 2019, we began livestreaming on our Facebook page. A small step, but it helped us begin to figure out how livestreaming works and helped us to realize those who are at home, wherever that may be, are an important part of our church family and worship community! Just as we were figuring that out...Covid struck...church doors had to close...and all of a sudden...livestreaming...which was once a new experience for us all...became our worshipping community on Sunday mornings! It helped us appreciate how God was using technology in wonderful ways and connecting us in ways we never thought possible. We are now gathering in person...which at first began outside...but we will be gathering inside the sanctuary now that the weather is getting warmer...*but our livestream community continues to be an important part of our church community!* So...we are investing in a new, two camera system, which will improve audio and video quality

immensely for those who will be worshipping with us from home...or wherever else they may be! It is on order and hopefully will be up and running by mid June! So those who tune in every week will have a much more enjoyable worship experience! We are very excited for our technology upgrades!

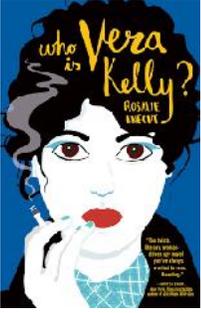
We are forming a Technology Team! With the changes and upgrades to our technology system for livestreaming worship on Sunday mornings, we are forming a team who will be willing to take turns operating the new audio/visual system to livestream our worship services. From what we understand, this system will be fairly simple to operate and will be a great gift to those who are worshipping from home! We would like to have enough people so that each person only needs to commit to one Sunday every month or 2 and can worship with his or her family the other weeks! Please contact Pastor Dan if you are interested in learning more and being part of this very important worship team!

Friday Morning Book Club: We continue to meet in the carport of Tom and Becky Wetzel at 606 S. 4th St. in Carolina Beach. At this time, we are finishing up *Sula* by Toni Morrison. If you would like to join or have questions, you are able to contact Becky W. via email at beckywetzel56@gmail.com.

**A story about our group: In the February 2020 issue of Port City Life magazine, there was an article on the Cape Fear Parrot Sanctuary. One of our members has parrots for pets and was interested in taking a tour. Then the pandemic hit and trips were put on hold. Just this year, the Friday morning book group read *Two Dogs and a Parrot* by Joan Chittister which inspired a new interest in a trip to the Cape Fear Parrot Sanctuary. Finally on May 20 the trip became a reality as five of us drove out towards Beulaville, North Carolina. Founder/Director Ces Erdman greeted us and shared his knowledge of the parrots...over 300 of them calling the sanctuary home. We thoroughly enjoyed our interaction with the birds as they were very vocal and very entertaining...and it was nice to meet someone who is passionate about caring for God's creatures.



Book Club: During June, the Book Club will be reading *Who is Vera Kelly?* by Rosalie Knecht. We will meet in the Fellowship Hall on Monday, June 14th at 5:30 PM to discuss the book and share food and fellowship. You are invited to pick up a copy of the book and join us. There will be at least one extra copy of the book in the office. Please let Eleanor Lundy know if you plan to be there.



Reviews:

“Instead of the "edge of your seat" action spy thriller, this one is a more literary and character-driven spy story. The narrative moves swiftly between two time periods: 1950s Maryland/New Jersey, USA and 1960s Buenos Aires, Argentina. Vera's childhood and youth are troubled, and she spends time in juvenile detention centers and boarding schools. Later, in the 1960s timeline, we follow her covert intelligence work in Argentina - posing as a Canadian university student, her mission is to look for "red" influence of KGB recruitment amongst the university community.” (Goodreads)

"The personal is most definitely political in Rosalie Knecht's crisp, lively and subversive second novel, *Who Is Vera Kelly?* . . . John le Carré and many other writers make hay with the personal repercussions of assuming false identity. Knecht flips the terms artfully, showing us a heroine who discovers her true tough self by going undercover." (NPR)

The Service Team will meet via Zoom, on Tuesday, June 8 at 2pm.

The Church Council will meet Monday, June 21st 2021 at 6:30pm.

From the Financial Secretary

Our Tithes and Offerings for the month of May exceeded our Mission Plan goals. We thank you for your continued support of Kure Memorial's Mission Plan and for your generous response to needs in our community as they arise.

As our worship attendance has increased, so has the number of contributions. The number of families making tithes and offerings weekly ranged from 22 to 32 families with a total of 60 families overall for the month of May. The number of families using PayPal for online contributions has diminished, while the number of families using automatic Bank BillPay continues to increase.

For all that you do, for all that you give to help and sustain our Mission, we give thanks to you.

Address for Nick Schwenker: Nick is one of our young adults who graduated from Ashley High School last year. Many of you know Nick from being in our church choir as well as an assisting minister over the years. In January, Nick went to boot camp after joining the Army. He is now in specialized infantry training to become an Army Ranger. His mom, Isabella, wanted me to share his address with you all! He would love to hear from our church family! His address is:

PVT Nicholas Schwenker RN 407
C Company 2-29 IN REGT
9075 Holcomb Dr. BLDG 3335
Ft Benning, GA 31905

We appreciate your care and thoughtfulness!

FROM THE KMLC RACIAL EQUALITY/JUSTICE DIALOG TEAM:

Love must be sincere. Hate what is evil; cling to what is good. Be devoted to one another in love. Honor one another above yourselves. Never be lacking in zeal, but keep your spiritual fervor, serving the Lord. Be joyful in hope, patient in affliction, faithful in prayer. Share with the Lord's people who are in need. Practice hospitality. (Romans 12:9-13)



Racial Transformer

Last month we introduced what we are calling our “*Racial Transformer*”! It is an image that will continue to grow to include key elements of our physical features that help us to learn, understand and put into action our Christian Faith, especially as it pertains to supporting, loving and caring for others! Our beginning point, you may remember from last month is “*Open Minds and Loving Hearts*”. **Opening our minds** to learn about the history, difficulties and struggles our brothers and sisters of color have had in the past and continue to experience simply because of the color of their skin. And in our **loving hearts**, we are to respect and uplift the dignity and humanity of every person...which is also reflected in this verse from Romans. We invite you to check out the additional resources that our team has come across to engage us all in this conversation. Below is a list of additional movies, short videos, short articles and books for you to explore. We would love to

hear from you as we continue our conversation about how our faith speaks to the issue of racial justice and equity!

Short Articles: https://cupofjo.com/2020/06/a-letter-to-my-white-friends/?mc_cid=849f8c8ac6&mc_eid=0023e60791

YouTube Prayer for Unity:

<https://mail.google.com/mail/u/0/?tab=mm#inbox/FMfcgzGkXSfqZRWRqzBtmdWxJZkQwsGh?compose=DmwnWsCVvKjGTpsKmnCpffwhtwQNGlxJWhHqgLzCRIVtTIGnCFMwbvfKmcnptgNrdmrmnLtkzgHg&projector=1>

Short videos: <https://uncomfortableconvos.com/> (by Emmanuel Acho)

Books: *Uncomfortable Conversations With a Black Man* (by Emmanuel Acho)

Children's books: *Uncomfortable Conversations With a Black Boy* (by Emmanuel Acho)
A Ride on Mother's Back (by Emery and Durga Bernhard)

Movies: “*Minari*” A faith-based movie about a Korean-American family. It can be found on Amazon Prime or You Tube.

The Sunday Lunch Ministry: meets usually outside beginning 12:15 – 1 pm (after worship service) at the corner of 3rd and Cape Fear Blvd. If you want to be volunteer to help serve, contact Jean Graff at kjeb415@charter.net or 309-339-9272.

The Help Center of Federal Point : Needs for June 2021 include:

6 June: Canned fruit.

13 June: Teabags.

20 June: Canned peas, carrots, or mixed vegetables.

27 June: small mayonnaise or Miracle Whip.

Any other packaged or canned food items or toiletries are deeply appreciated.

Thanks to donations the Help Center larder is well filled.

Noteworthy, the Island Women contributed Food Lion gift cards which have been distributed to residents of the island. This was a wonderful gift.

Lack of affordable housing continues to be a continuing problem, we are blessed to live in a generous community.

You can contact Anne Hope and Tim Marvin at 910- 458-4057 with any questions.

Paradise Cove Fire Victims: Our Church’s Mission Statement was lived out in action with the Congregation’s response to the victims of the fire at the Paradise Cove complex. A check in the amount of \$683.00 was presented to the American Legion Post 129 in Carolina Beach. A member of the Post noted that over \$13,000 was collected to assist those residents who lost so much in that tragedy. Thanks for reaching out to these island neighbors!

May Worship Assistants

Date	Assisting Minister	Reader	Ushers
June 6 th	Keith Graff	Kristin Woodie	Gary Bianchi & Marion Wyman
June 13 th	Marcus Matzke	Jeanette Nelson	Thom Giardot
June 20 th	Beth Gavigan	Chris Keck	Shoffner Family
June 27 th	Cory Petermann	Isabell Foushee	Jack Campbell

Sanctuary Flowers: Because we are evolving into meeting inside for worship service, instead of sanctuary flowers, we will have “sanctuary plants”. You are able to sign up in the fellowship hall on the bulletin board. The new price will be \$20 instead of \$25. Contact the office for more information.

Sanctuary Lamp: Our Sanctuary Lamp burns continually, signifying the unswerving presence of the spirit of the Lord in our hearts and in our lives. To sponsor the sanctuary lamp, choose your Sunday date and the loved one or occasion you wish to honor and sign up in the Fellowship Hall. The cost of sponsorship is \$5.

Father's Day Prayer Reflection

Let us praise those fathers who have striven to balance the demands of work, marriage, and children with an honest awareness of both joy and sacrifice.

Let us praise those fathers who, lacking a good model for a father, have worked to become a worthy and virtuous father.

Let us praise those fathers who, by their own account, were not always there for their children, but who continue to offer those children, now grown, their love and support. As well, let us pray for those fathers who have been wounded by words and actions of their children.

Let us praise those fathers who, despite marital discord, have remained in their children's lives.

Let us praise those fathers whose children are adopted, and whose love and support has nurtured a thriving life.

Let us praise those fathers who, as stepfathers, freely choose the obligation of fatherhood and earned their step children's love and respect.

Let us praise those fathers who have lost a child to death, and continue to hold the child in their heart.

Let us praise those men who have no children, but cherish the next generation as if they were their own.

Let us praise those men who have "fathered" us in their role as mentors and guides.

Let us praise those men who are about to become fathers; may they openly delight in their children.

And let us praise those fathers who have died, but live on in our memory and whose love continues to nurture us.

God, our Father, bless these men, that they may find strength as fathers. Let the example of their faith and love shine forth.

Grant that we, their sons and daughters, may honor them always with a spirit of profound respect and gratitude. Amen.

THANKING KMLC

THANK YOU

To THE PEOPLE OF LUKE MEMORIAL,

Thank you for the generous Mission Support that your congregation—along with congregations across the NC Synod—provided for our shared work together, even during a pandemic.

Your generosity started a new faith community among those experiencing homelessness in downtown Winston-Salem, made sustaining gifts to our camping ministries which were so hard hit by the cancellation of regular programming, invested in leaders preparing for professional ministry, and made eight socially-distant ordinations possible.

Thank you for all you do as Christ's church
in the North Carolina Synod!

*Thank You For Your Ministry. You ARE A Blessing.
SANDRA OLIVE*

**Thank you from KMLC-P staff*

Dear KMLP Family,
Thank you so much for the wonderful teacher appreciation gift. The balloon and card were so sweet and I'm excited to use the Malama gift card! Thanks for allowing me to be part of the KML family! Angie



Dear Pastor Dan + Church -
Thank you so much for the sweet teacher appreciation gifts! All of us will enjoy a yummy treat.
Thank you even more so for supporting the ministry of the preschool you're and you out! we love being a partner with you!
Thanks again - Celeste



Pastor Dan + KMLP Family,
Thank you so much for the Malama gift card! That was so thoughtful of you all. It has always been a pleasure and a joy to work at KMLP. It's been a blessing to help all these sweet kids learn and grow.
 Ms. Laura

✝ REMEMBER IN PRAYER ✝

HOMEBOUND, HOSPITALIZED, SPECIAL CONCERNS

Eleanor Lundy, Ellen Prevatte, Ted Prevatte, Maxine Jordan, Lisa Lee, Barry Nelder, Emily Barber, Irene Girvan, Bob Stuart, Barb Stuart, Mina Piedmont, Joanne Adams, Cathleen Applegate, Victoria Sanchez, Aris Mora, Billy Ward, John Walker, Morgan Davison, Kaitlin Sprague, Gene Snuggs, Frank Dyson, Beth Loony, Megan Peoplis, Vaughn & Cathy Schweitzer, Andra Ciparis, Clifford Johnson, Beth Deaton, Don Bowman, Richard Laudati, Ruth Ann Getsinger, Herb Flamer, Raymond & Dottie Holden, Raven Van Dyck, Dave Guernsey, Mary Miller, Gladys Girardot, Richard Geisel, Don Smith, Trudy Ford, Ann Scott, Kirk Barden.

FRIENDS & FAMILY

Our Carolina Beach neighbors who've lost their homes in the fire, Sandy Hunt and Ginny Blauboer (Buckley), Tracy McKay, Tom Grady, Pat Hankin (Hambel), Paul Piedmont (Piedmont), Kristi Johnson, Cyndie Heath, Jami Harris, Jac Schlagle, Lexi Westfall (Hitchcock), Senka Gambino, Jean Behanna, Rick & Sharon Ellis (Lundy), Terry Ford & Carl Ford (Rehder), Arlo Bond (Jordan), Joey (Palamara), Pat Addington (Hearne), Julian, Jason & baby Jackson (Full), Mary Adobato (Vecchio), Megan Manley (Cox), Richard White (Prevatte), Kari Craig, (Palamara), Larry Gilbert (Wrenn), Anne C., Claire Houston, Tammy V., Dave Stultz, Matt Stultz, Belle Hunt, Steve Siferd, Janet Kassor, (Keck), Robin Stoehr (Gourville) Meghan O'Brien (Campbell), Laura & John McMahon (Lundy), Sarah Wilson (Gavigan), T.J. Montigue (Jones), Twana Cox (Jones), Kelly Cahill (Campbell).

Please pray for the caregivers as they care for those who are ill.

PLEASE PRAY FOR THE MISSIONS OF OUR CHURCH

Federal Point Help Center / Coupons to Service men's families / KMLC Preschool / Girl Scout Troops #867, #901 and #155 / Good Shepherd (food & supplies) / Trinity Grove / KMLC Youth Group / Katie B Hines Senior Center lunch program / The Lutheran Church of Costa Rica/ Casa Abierta-La Carpio / Seamen's Center

STUDENTS ATTENDING COLLEGE / SEMINARY

Emily Graff-Luther Seminary / Tommy Ullring-UNC-W / Katelyn Copenhaver-Santa Fe College / Jordan Pivik- East Carolina University / Rachel Pivik-ECU / Katie Elkin-Duke Divinity School / Andro Keck-University of South Carolina / Vegas Vecchio- University of Washington, Seattle / Mackenzie Clark-Hood College, Maryland / Matthew Shuttleworth-Cape Fear Community College / Mia Shoffner-East Carolina University / Sydney Maguire-College of Charleston / Preston Gourville-Vanderbilt / Kelsey Bloch-Wake Tech / Kari Bloch-Wake Tech / Jordan Gourville-University of South Carolina / Hawthorne Hamm-UNC Chapel Hill.

MILITARY PERSONNEL SERVING

Col Wayne Lett in Frankfort, Germany; John Brandon in Wayton, Utah; Steven Blum at Fort Bragg; Christopher Bennett in San Diego, CA; Marley Von Cannon at a Naval Base in Walton County Florida; Brandon Muehl at Fort Bragg, NC; Jacob Clinton at Fort Geiger, NC; Thomas Stafford at Ft. Bragg, NC, Nick Schwenker-Fort Benning, GA; Rileigh Fortney-Lackland AFB, Texas..

COSTA RICA MICRO LOAN RECIPIENTS

Rosa Marin, Aida Marin, Raquel Marin: Village of Guatuso / Zoraida Hernandez, Raul Perez: Village of Quitirrisi / Ana Yensi Rivera: La Carpi / Alexa Araya: San Jose / Marta Doderó.

Pastor:	Reverend Dan Keck
Council President:	Todd Vought
Church Office Manager:	Courtney Jalloh
Musician & Choir Director:	Kristin Woodie
Coordinator of Youth & Family Ministry	McLean Robinson

COUNCIL MEMBERS FOR 2020

Ann-Marie Cooper, Beth Gavigan, Steve Shuttleworth, Dottie Herman, Eleanor Lundy, Peter Yandow, Gayle Palamara, Cory Petermann and Todd Vought.

COUNCIL OFFICERS

President: Todd Vought
Vice President: Gayle Palamara
Secretary: Peter Yandow
Treasurer: Eleanor Lundy
Financial Secretary: Terry Hambel

COMMISSION CHAIRS

Worship - Dottie Herman / Kristin Woodie
Resource - Peter Yandow
Nurture - TBD
Service - MJ Shalanski
Discipleship - TBD
Preschool- Celeste Carpenter
Property - Keith Graff

COUNCIL LIAISONS

Dottie Herman

Gayle Palamara
Beth Gavigan

Eleanor Lundy
Peter Yandow



Dear Families,

It is almost summer! I want to update you on our plans for Vacation Bible School this year. **VBS for Preschool will be held the week of June 14-18 and Vacation Bible Day Camp for children entering grades 1-5 will be the week of July 26-30!**

For preschool children ages 3-5 (entering Kindergarten), Bible school will run from 9am until 11:30am **June 14-18**. Our theme for the preschoolers is "Discovery on Adventure Island: Quest for God's Great Light." We will have lots of fun with some great Bible stories and learn about why they are important for us! The theme verse for the week is: "Arise! Shine! Your light has come; the LORD'S glory has shone upon you!" Isaiah 60:1

The story of Creation helps children understand how we can shine God's light of love on all creation! As children explore God's loving creation through six days of work and one day of rest, they will witness, beginning with light, how God called all of creation good. Through this experience, they will be reminded that God's purpose in creation is good. We should strive to take care of the environment God has provided. We can also care about the people around us by shining the light of love everywhere we go.

If you would like to volunteer for VBS let me know! We have a variety of ways you can help, from very simple tasks like providing some supplies to helping out each day! *(Please note: Because of our staffing, all children must be potty trained at the time of VBS. Thank you for understanding!)* ****Deadline for registration for our preschool VBS is JUNE 6TH.**

For children entering grades 1-5, we will have a Day Camp program that will run from 9am-3pm **July 26-30!** Energetic Camp staff from Camp Agape, our Lutheran camp in Fuquay-Varina, will be here to lead it for us. For the Day Camp program This year, we are requesting a **\$30 deposit** for 1 child or **\$75 deposit** for a family with more than 2 children along with your registration form to hold your spot. If your child/children attend for 3 or more days, you will have the option of receiving your deposit back or leaving it as a donation, to help offset the cost of having the amazing Camp Agape Day Camp Staff at KMLC to facilitate our Vacation Bible School ministry for our older students! IF this is a financial hardship for your family, please come talk to Pastor Dan. ***Please note: Due to Camp Regulations, we are limited to a maximum of 32 children for Day Camp!*** *****Deadline for registration to assure your spot is July 12! So please get your registration to us as soon as possible!***

We hope you will join us for all the fun! Registration materials are attached for both programs.

McLean Robinson, Coordinator of Youth and Family Ministries

mcleanrobinson@gmail.com

Hi Everyone! I am looking forward to seeing you this summer!
Pastor Dan!

Summer Day Camp Registration Form

Camper Name _____
Last First Middle

Address _____

Telephone () _____

E-mail address _____

Date of Birth _____ Age _____ Gender _____ Grade Entering _____ (must be 1st-5th)

If offering the Middle School program: Grade Entering _____ (must be 6th-8th)

Name of Home Congregation _____



Profile Information

The following information is helpful to our camp staff in getting to know campers better and more quickly:

Preferred Name: _____ Pet(s)Name(s): _____

Brothers/ Sisters (names and ages): _____

Special Interests or Hobbies: _____

My child most easily relates to [] males [] females. My child is: [] out-going [] quiet and shy in groups.

Concerns, allergies, or anything that the Day Camp staff should be aware of: _____

To be answered by camper: "The #1 thing I hope we do at Day Camp is... _____."

Permission (This section must be signed in order for your child to attend camp)

_____ HAS MY PERMISSION TO ATTEND DAY CAMP.

Parent/Guardian's Signature _____ please print Parent/Guardian name here

Check this box if you **DO NOT** give permission for Agapé ✠ Kure Beach Ministries to use pictures of your child for promotional purposes (camp brochure, web site, staff recruiting display, etc.)

Date _____

Return completed form to your church's Day Camp Coordinator

PRESCHOOL VBS REGISTRATION 2021

June 14-18

9am-11:30am

Registration Due: May 31, 2021



Child Information:

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Potty Trained ___ Yes ___ No

Tshirt Size (Youth) _____

Parent Information:

1. Parent/Guardian (primary): _____

Relationship to Child: _____

Email: _____

Mobile Phone: _____

Work Place/Phone: _____

2. Parent Guardian (secondary): _____

Relationship to Child: _____

Email: _____

Mobile Phone: _____

Work Place/Phone: _____

1. **Emergency Contact:** _____

Relationship to Child: _____

Authorized to pick up: ___ Yes ___ No

Mobile Phone: _____

Work Place/Phone: _____

Child Medical Information:

Primary Physician: _____

Phone: _____

Preferred Hospital: _____

Is the camper currently taking prescription/over the counter medications? ___ Yes ___ No

Medication/Dosage/Purpose: _____

Does your camper have allergies? ___ Yes ___ No

Describe all known allergies: _____

Does camper have dietary restrictions? ___ Yes ___ No

Explain dietary restrictions:

Other medical information needed/emergency action plan:

Authorized Pick Up: (if not parent/emergency contact)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

2. Name: _____ Phone: _____

____ Please place an "X" the line if you **DO NOT** give permission for Kure Memorial Lutheran Church to include pictures of your child on our website or Facebook pages.

Parent/Guardian Signature _____ Date _____

Agapé ✝ Kure Beach Ministries Health History Form

<p>To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.</p> <ol style="list-style-type: none"> 1. Complete front and back of this form and make a copy. 2. Send the <u>original</u> signed form to camp at least 10 days prior to camper's arrival. 3. Campers cannot be accepted for camp sessions without a signed health history. 	<p>Return this form to your Day Camp Site Coordinator.</p>																																												
<p>Camper Name: _____ Last First Init.</p> <p>Gender: _____ Birth Date _____ Grade Entering: _____ Dates will attend camp: from _____ to _____ Month/Day/Year Month/Day/Year Month/Day/Year</p> <p>Camp Program/Location: _____</p> <p>Camper Home Address: _____</p>																																													
<p>Parent/guardian with legal custody to be contacted in case of illness or injury:</p> <p>Name: _____ Relationship to Camper: _____</p> <p>Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____</p> <p>Home Address: _____ <small>(If different from above) Street Address City State Zip Code</small></p> <p>Second parent/guardian or other emergency contact:</p> <p>Name: _____ Relationship to Camper: _____</p> <p>Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____</p> <p>Additional contact in event parent(s) (guardian(s) can not be reached:</p> <p>Name: _____ Relationship to Camper: _____ Home/Cell Phones: (____) _____ (____) _____</p>																																													
<p>Allergies: <input type="checkbox"/> No known allergies. <input type="checkbox"/> This camper is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <i>(Please describe below what the camper is allergic to and the reaction seen.)</i></p>																																													
<p>Diet, Nutrition: <input type="checkbox"/> This camper eats a regular diet. <input type="checkbox"/> This camper eats a regular vegetarian diet. <input type="checkbox"/> This camper has special food needs. <i>(Please describe below.)</i></p>																																													
<p>Activity Restrictions: Chronic illness, operations, or serious injury. <i>(Please describe below.)</i></p>																																													
<p>General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.</p> <p>Has/does the camper:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. Had frequent ear infections?</td> <td style="width: 33%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 33%;">12. Had mononucleosis ("mono") during the past 12 months?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>2. Have a heart defect or heart disease?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>13. If female, have problems with periods/menstruation?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>3. Had seizures or convulsions?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>14. If female, has been told about menstruation?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>4. Have a bleeding/clotting disorder?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>15. Have problems with falling asleep/sleepwalking?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>5. Had a recent injury?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>16. Had hypertension?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>6. Have asthma/wheezing/shortness of breath?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>17. Have a history of bedwetting?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>7. Have diabetes?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>18. Had Chicken Pox?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>8. Had Psychiatric Treatment?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>19. Had Measles?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>9. Have headaches?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>20. Had Mumps?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>10. Wear glasses, contacts, or protective eyewear?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>20. Had German Measles?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>11. Have diabetes? (year) _____</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td></td> <td></td> </tr> </table> <p>Please explain "Yes" answers in the space below, noting the number of the questions.</p>		1. Had frequent ear infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Had mononucleosis ("mono") during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have a heart defect or heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. If female, have problems with periods/menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Had seizures or convulsions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. If female, has been told about menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have a bleeding/clotting disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have problems with falling asleep/sleepwalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Had a recent injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Had hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have a history of bedwetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Had Chicken Pox?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Had Psychiatric Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Had Measles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Had Mumps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Wear glasses, contacts, or protective eyewear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Had German Measles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have diabetes? (year) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Had frequent ear infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Had mononucleosis ("mono") during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
2. Have a heart defect or heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. If female, have problems with periods/menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
3. Had seizures or convulsions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. If female, has been told about menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
4. Have a bleeding/clotting disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have problems with falling asleep/sleepwalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
5. Had a recent injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Had hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
6. Have asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have a history of bedwetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
7. Have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Had Chicken Pox?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
8. Had Psychiatric Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Had Measles?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
9. Have headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Had Mumps?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
10. Wear glasses, contacts, or protective eyewear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Had German Measles?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
11. Have diabetes? (year) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No																																												
<p>Agapé ✝ Kure Beach Ministries • 1369 Tyler Dewar Lane • Fuquay Varina, NC 27526 • 919.552.9421 • www.agapekurebeach.org</p>																																													

Camper Name _____
 Last _____
 First _____
 Initial _____
 (For Camp Use) Cabin or Group _____
 (For Camp Use) Week/Camp _____

Agapé ✝ Kure Beach Ministries Health History Form

Camper Health History Form <small>(page 2)</small>	Camper Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Init. </div>																																				
<p>Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.</p> <p>Has the camper:</p> <p>1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Ever been treated for emotional or behavioral difficulties or an eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. During the past 12 months, seen a professional to address mental/emotional health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.</i></p>																																					
<p>Immunization Record:</p> <p>Date of Last Tetanus _____ DPT _____ Polio _____ MMR _____</p> <p><i>If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.</i></p> <p>Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____</p>																																					
<p>Medication: <input type="checkbox"/> This camper will not take any daily medications while attending camp. <input type="checkbox"/> This camper will take the following daily medication(s) while attending camp:</p> <p>"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Day Camp counselors will not administer prescribed medication (unless emergency inhaler, epi-pen etc), only over the counter medication as needed. <i>Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 25%;">Name of Medication</th> <th style="width: 15%;">Date Started</th> <th style="width: 20%;">Reason for taking it</th> <th style="width: 20%;">When it is given</th> <th style="width: 15%;">Amount or dose given</th> <th style="width: 15%;">How it is given</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>The following non-prescription medications may be stocked in the camp Health Center and are used on an <u>as needed basis</u> to manage illness and injury. <i>Cross out those the camper should not be given.</i></p> <table style="width: 100%; font-size: x-small;"> <tr> <td>Acetaminophen (Tylenol)</td> <td>Phenylephrine decongestant (Sudafed PE)</td> <td>Calamine lotion</td> </tr> <tr> <td>Ibuprofen (Advil, Motrin)</td> <td>Pseudoephedrine decongestant (Sudafed)</td> <td>Antibiotic cream</td> </tr> <tr> <td>Antihistamine/allergy medicine</td> <td>Guaifenesin cough syrup (Robitussin)</td> <td>Aloe</td> </tr> <tr> <td>Dihydrochloride antihistamine/allergy medicine (Benadryl)</td> <td>Dextromethorphan cough syrup (Robitussin DM)</td> <td>Banaid Anti-Itch Gel (45% camphor)</td> </tr> </table>		Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____			Acetaminophen (Tylenol)	Phenylephrine decongestant (Sudafed PE)	Calamine lotion	Ibuprofen (Advil, Motrin)	Pseudoephedrine decongestant (Sudafed)	Antibiotic cream	Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)	Aloe	Dihydrochloride antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)	Banaid Anti-Itch Gel (45% camphor)
Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given																																
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____																																		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____																																		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____																																		
Acetaminophen (Tylenol)	Phenylephrine decongestant (Sudafed PE)	Calamine lotion																																			
Ibuprofen (Advil, Motrin)	Pseudoephedrine decongestant (Sudafed)	Antibiotic cream																																			
Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)	Aloe																																			
Dihydrochloride antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)	Banaid Anti-Itch Gel (45% camphor)																																			
<p>Health-Care Providers:</p> <p>Name of camper's primary doctor(s): _____ Phone: (_____) _____</p>																																					
<p>Medical Insurance Information: This camper is covered by family medical/hospital insurance <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Please include a copy of your insurance card; copy both sides of the card so information is readable.</i></p> <p>Insurance Company _____ Policy or ID # _____ Group Plan # _____</p> <p>Subscriber _____ Insurance Company Phone Number (_____) _____ Where insured is employed _____</p> <p>Address for claims _____</p>																																					
<p>Check here <input type="checkbox"/> if you do NOT give permission for A☩KB Ministries to photograph your child for camp promotional purposes (brochures, SmugMug, etc.) No names are used.</p>																																					
<p>Parent/Guardian Authorization for Health Care:</p> <p>This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.</p> <p>Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____</p>																																					
<p>What Have We Forgotten to Ask?</p> <p>Please attach any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.</p>																																					

Updated 3.4.2020