



# **Cross Roads Day Camp 2025**

Church of St. John on the Mountain  
June 23-27, 2025 | 9 AM - 3 PM  
*Children entering grades K - 6*  
*\$115 per child*

Join us for an awesome week of action-packed camp fun! This summer, Cross Roads Day Camp will take place at the Church of St. John on the Mountain led by Cross Roads Camp and Retreat Center Staff with church volunteers. For kids entering Kindergarten-6th grades.

Campers will come to St. John's from 9 AM - 3 PM (379 Mount Harmony Road, Bernardsville). Kids will make incredible creations, engage in worship, sing fun songs, jump into Bible Study, and play zany games! All activities work together to form great friendships and strengthen campers' faith development.

The Cross Roads Camp Staff is certified in American Red Cross CPR and First Aid and receives extensive training to deliver a safe and action-packed camp program. A snack will be provided, and campers are asked to bring their own lunch.

The cost for the week is \$115 per camper. Scholarships are available.

Complete this form and return it to your church. Registration form, health form, and payment must be received by start of Day Camp.

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**2024 DAY CAMP REGISTRATION FORM**  
**Church of St. John on the Mountain**  
**379 Mt. Harmony Rd. Bernardsville, NJ**  
**908-766-2282 | office@sjotm.org**

*Please submit one form for each child who will be attending along with a completed health form.*

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Grade Entering Fall 2025 \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Siblings (names, ages): \_\_\_\_\_

Church affiliation: \_\_\_\_\_

***Signature required on back***

My child has permission to participate in all aspects of the day camp program led by Cross Roads, except as noted. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give my permission to the medical personnel selected by the congregation to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray, or surgery for my child as named above, and to arrange for or provide necessary related transportation. I understand that my insurance has primary coverage and Cross Roads' insurance is secondary. I give my approval to photocopy this form for use out of camp. Further, I give permission for use of photos of my son/daughter to be used in camp promotion unless noted.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_