



St. Luke Cedar Hill, Church of the Cross, & St. George Cadboro Bay present:

Amazing Journey Summer Day Camp 2018

July 9th to 13th, 2018

9 am to 12 noon

**Children born in 2007 to 2014 are eligible to be campers.
(Children must be 4 years old by the start of the Day Camp.)**

Location: St. Luke Cedar Hill Anglican Church
3821 Cedar Hill Cross Road, Victoria


Cost: Early Bird Registration (Deadline June 3rd, 2018)
\$25 first child
\$20 second child
\$15 third child

After June 3rd, 2018
\$35 first child
\$30 second child
\$25 third child

Children with special needs may attend with an assistant.

Make cheques payable to Lutheran Church of the Cross. Please write "Amazing Journey" on the memo line. Registration forms can be returned to St. Luke's Anglican Church, Lutheran Church of the Cross, or St. George's Anglican Church.

AMAZING JOURNEY 2018 REGISTRATION FORM

Child's Name	Date of Birth (YY/MM/DD)	F/M	Grade Completed	BC Care Card #
1.				
2.				
3.				
4.				
Allergies, diet restrictions, or health challenges: (list individually for each child) 				
Parent(s)/Guardian(s) First and Last Name: Relation: Address:				
City:	Postal Code:	Home Phone:		Cell #:
E-mail:				
Contact # in case of emergency:	Name:		Relationship:	
	Daytime Phone #:		Alternate Phone #:	
Person(s) picking child(ren) up	Note: Children will only be released to those listed on this form.			
	Name:		Name:	
	Phone #:		Phone #:	
How did you hear of this program?	Church _____ Which Church? _____ (Pre) School _____ Which (Pre) School _____ E-Mail _____ Advertising _____ Where? _____ Friend _____ Attended Previous Years _____ Other (Specify) _____			
Photograph/Video permission: We intend to take pictures and video recordings during this event to be used for future promotion, including newsletters and our websites. I <u>GIVE</u> permission for my child(ren) to be photographed/video recorded ____ I <u>DO NOT GIVE</u> permission for my child to be photographed/video recorded ____				
_____ Signature of Parent or Guardian			_____ Date	
In the event that your child requires medical attention, they will be transported to the nearest emergency centre including by ambulance if necessary, and you will be responsible for any associated costs.				
Office Use Only	Paid ____ Early Registration ____ Regular ____ Amount Paid _____			