



Children who have completed grades 1 to 5 are eligible to participate.

**When: July 6th to 10th, 2020 in the comfort of your own home
10:00 to 11:00 am**

**Cost: \$15.00 per child
\$40.00 family rate (3 plus children)**

Registration Deadline Friday, June 26th, 2020

Children with special needs may attend.

Registration forms (with payment) can be returned to:

Lutheran Church of the Cross: 3787 Cedar Hill Rd, Victoria, BC V8P 3Z4

Completed registration forms can also be scanned and e-mailed to
amazing4kids17@gmail.com

On line registration form available at: <https://www.jotform.com/build/201096136801246>

Make cheques payable to: Lutheran Church of the Cross. Please write "Amazing Journey" on the memo line.

If you wish to make an e-transfer please contact Lutheran Church of the Cross at
lutheranchurchofthecross@shaw.ca or call 250-477-6222

Visit our Facebook page at Amazing Journey Summer Day Camp at:
<https://www.facebook.com/amazingjourneysummercamp/>

AMAZING JOURNEY 2020 REGISTRATION FORM

Child's Name	Pronoun	Date of Birth (YY/MM/DD)	Grade Completed
1.			
2.			
3.			
4.			
Things we can do to make your child more comfortable at camp: 			
Parent(s)/Guardian(s) First and Last Name: 			
Relation: 			
Address: 			
City:	Postal Code:	Home Phone:	Cell Phone #
E-mail:			
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) _____		
I have access to a computer screen and WiFi _____ (Y/N)			
Supply Kits I will pick up my child(ren)'s supply kit at Lutheran Church of the Cross _____ I would like my child(ren)'s supply kit delivered to my home _____			
I <u>GIVE</u> permission for my child(ren) to be part of the Virtual Amazing Journey Program _____ 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	
Office Use Only	Paid _____	Amount Paid _____	Payment Format _____