

**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](mailto: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](mailto: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 GIVE 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 GIVE permission for my child(ren) to be photographed/video recorded \_\_\_\_**  **I DO NOT GIVE permission for my child to be photographed/video recorded \_\_\_\_\_\_**    **Signature of Parent or Guardian Date** | | | | | | | |
| **Office Use Only** | **Paid** \_\_\_\_ **Amount Paid \_\_\_\_\_\_\_\_ Payment Format \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |