

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

**When: August 9th to 13th, 2021**

**Where:** **St. George’s Anglican Church**

 **3909 St. George’s Ln, Victoria, BC V8N 4E3**

**Cost: Early Bird Registration (Deadline June 30, 2021) $30.00 1st child**

 **$25.00 2nd child**

 **$20.00 3rd and additional child**

**After June 30th, 2021**

**$40.00 1st child**

 **$35.00 2nd child**

 **$30.00 3rd and additional child**

**Registration Deadline August 2, 2021**

**Children with special needs may attend.**

**Registration forms (with payment) can be returned to:**

St. Luke Cedar Hill Anglican Church: 3821 Cedar Hill Cross Rd, Victoria, BC V8P 2M6

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

St. George’s Anglican Church: 3909 St. George’s Ln, Victoria, BC V8N 4E3

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 2021 REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Pronoun** | **Date of Birth****(YY/MM/DD)** | **Grade Completed** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **Allergies, diet restrictions, or health challenges: (list individually for each child)** |
| **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:** |  |  |
| **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)  ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **I GIVE permission for my child(ren) to be part of the 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 \_\_\_\_\_\_\_\_\_** |  |