

Rainbow Trail Lutheran Camp, Messiah, St. Luke, and St. Paul Lutheran Churches present

2019 VACATION BIBLE CAMP

June 24 – 28, 2019

at St. Luke Lutheran Church, 9100 Menaul Blvd. NE

Phone: 299-2621

Email: stluke@thuntek.net

I AM, We Are.

(Jesus said) "I AM THE RESURRECTION AND THE LIFE.
THOSE WHO BELIEVE IN ME even though they die, **will live.**"

- John 11:25

Schedule

Monday, Tuesday, Wednesday, and Thursday:

Pre-schoolers— 9:00 a.m. to 12:00 noon each day

Completed K-6th graders— 9:00 a.m. to 2:00 p.m. *(Bring your own lunch, except on Friday).*

Friday:

Camp starts at 9:00 a.m. for all campers.

At 11:45 a.m. we will have a Celebration Program for ALL campers, parents, parishioners, and friends, followed by a pizza party.

Arrival and Sign In:

Please arrive at St. Luke at 8:50 a.m. each day *(no earlier please as counselors and volunteers will not be available to supervise)*. Sign your child(ren) in at the SIGN-IN table. Please do not leave your child alone until they have been signed in and we have staff available to be responsible for their care.

Departure and Sign Out:

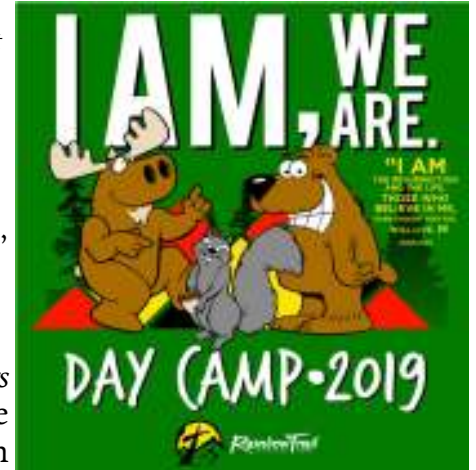
Please pick up your child(ren) **PROMPTLY** and sign them out at 2:00 p.m. (noon for Preschoolers) Monday through Thursday. Come and enjoy the Friday program at 11:45pm. Please make sure you take all their belongings (crafts, etc.) before you leave on Friday.

Happy Camper (and Parent) Tips:

Wear cool, comfortable clothes and shoes to run and play in, (please - no sandals or slip-on shoes), and **SUNSCREEN**. If anything special is needed for the next day, we will let you know at sign out.

Everyday:

Campers, led by our Rainbow Trail Lutheran Camp young adult counselors, will participate in opening SONDANCE (the theme for the day is experienced through God's Word, songs, dramas, and many fun ways), Spirit-filled Bible Study, creative arts and crafts, inspirational worship & music. Healthy snacks, fun games, a service project, and a field trip are also included.



Camp 2019 Registration Form

for Vacation Bible Day Camp June 24-28, 2019 presented by

Rainbow Trail Lutheran Camp, Messiah, St. Luke, and St. Paul Lutheran Churches

Location: St. Luke Lutheran Church, 9100 Menaul Blvd. NE, Albuquerque, NM 87112

Camper's Name _____ Male _____ Female

Mailing Address _____

City _____ Zip _____

Age ____ Date of Birth (mo/day/year) ____/____/____ Grade Completed _____

Camper's Home Church _____ City _____

Name(s) of Parent(s)/ Guardian(s) _____

Home Phone _____ Daytime Phone _____ Emergency Phone _____

Email Address _____

Name(s) of person(s) who may pick up my child from Day Camp

1. _____ Relationship (i.e., parent, neighbor, etc.) _____

2. _____ Relationship (i.e., parent, neighbor, etc.) _____

Consent: I give my child permission to take part in all Day Camp activities led by Rainbow Trail Lutheran Camp (Camp) and the hosting congregation St. Luke Lutheran. I agree the Camp, St. Luke Lutheran Church, and their personnel will not be held responsible for accidents or persons injured arising therefrom.

I give Camp and Church personnel permission to seek medical treatment for my child in case of injury or illness. (Refer to health form p.2)

Signature of Parent/Guardian _____ Date _____

____ Yes, I understand my photo or my child's photo may be taken for use in camp promotional literature.

I waive the right to inspect or approve the photo if used for such purposes.

____ Yes, I would like to receive information about Rainbow Trail Lutheran Camp Programs

Registration Fee: Make check payable to: *St. Luke Lutheran Church*

Fees for Each Child for the Entire Week (Sorry, we cannot reduce the cost for a missed day.)

Pre-schoolers (4-5 year olds, must be 4 by start of VBDC) \$10.00

Completed Kindergarten through 6th grade \$25.00

Discount: Total Fee for 2 or more campers belonging to the same family. \$40.00

The registration and health history forms MUST be completed and given to the St. Luke Church Office with fee payment NO LATER than TUESDAY, June 18, 2019.

For Office Use:

Amount Paid \$ _____ Date: _____ Cash: _____ Check # _____

2019 Day Camp Health History Form

This form needs to be completely filled out by a parent/guardian for each camper.

It will be kept by the Church staff.

Name _____
(last) (first) (middle initial)

Birth Date: _____ Age _____ Male _____ Female _____

Home Address _____

Parent/Guardian _____

Preferred Phone: (____) _____ Other Phone: (____) _____

Parent/Guardian _____

Preferred Phone: (____) _____ Other Phone: (____) _____

If unavailable in an emergency, please notify _____

Relationship _____ Phone: (____) _____

Do you carry medical/hospital insurance? Yes _____ No _____ If so, please indicate:
Carrier _____ Group/policy number _____

Name of Physician _____ Phone number (____) _____

Check if immunizations are current for Tetanus _____; DPT _____; Polio _____;
Measles (MMR) _____; Chicken Pox _____

Please check and date any of the following, which have occurred to the camper:

Conditions

_____ Frequent ear infections

_____ Heart disease/defect

_____ Convulsions/seizures

_____ Diabetes

_____ Bleeding/clotting disorders

_____ Allergies

(Food, medicines, etc.)

Diseases

_____ Chicken Pox

_____ Measles

_____ German Measles

_____ Mumps

_____ Asthma

Allergies

_____ Hay Fever

_____ Ivy Poisoning, etc.

_____ Insect Stings

_____ Penicillin

_____ Other drugs

_____ Other

Please explain below any of those checked above.

Will your child need to take a medication during Day Camp? _____

_____ Collected by the Day Camp Coordinator

Contact the St. Luke church office to make arrangements to leave inhaler, EpiPen, or other needed medicine for camp staff to administer in case of emergency.

(OVER)

Suggestions, any activity restrictions, or health-related information for camp personnel:

Consent: My child has permission to participate in all camp activities, except as noted above.

In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel, selected by the camp director and second staff member accompanying my child, to order X-rays, routine tests and treatment for the health of my child. I hereby give permission to the physician, selected by the camp personnel, to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian

Signature _____ Date _____

Signature of

Witness _____ Date _____

