



and St. Luke Lutheran Church

Present

**This changes
everything!**



**Rainbow Trail Lutheran Camp
DAY CAMP • 2018**

**A Day Camp Adventure for Youth
Ages 4 - Entering 7th graders**

On June 25 - 29, 2018

At 9 AM - 2 PM (preschoolers at 9 AM - Noon)

At St. Luke Lutheran Church

For More Information Or To Register Contact

**St. Luke Lutheran Church
(505) 299-2621 ♦ stluke@thuntek.net**

Please keep this page for your information

2018 VACATION BIBLE CAMP

June 25 - 29 at St. Luke Lutheran Church, 9100 Menaul Blvd. NE, phone: 299-2621

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 at 12:00 noon:

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 Pre-schoolers) Monday through Thursday. Come and enjoy the Friday program at 12:00 noon. 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, servant projects, and field trips.

CAMP REGISTRATION FORM

RAINBOW TRAIL DAY VACATION BIBLE DAY CAMP - June 25 - 29, 2018

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

(please complete both sides of this form)

Camper's Name _____ Male ___ Female ___

Mailing Address _____ City _____ Zip _____

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

Camper's Home Church _____

City _____

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

Home Phone _____ Daytime Phone _____ Emergency Phone _____

Email Address _____

Consent: I am interested in the policies and programs of Rainbow Trail Lutheran Camp and give my child permission to participate in all activities. I agree the camp will not be responsible for accidents or persons injured arising therefrom. I also 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.

Signature of Parent/Guardian _____ Date _____

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

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

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

Registration Fees: 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 years old by start of VBC) \$10.00

Completed Kindergarten through completed 6th grade \$25.00

Discount: total fee for 2 or more campers belonging to the same family \$40.00

The registration and health history form **MUST** be completed and submitted to St. Luke Church Office **NO LATER** than Thursday, June 21, 2018.

**RAINBOW TRAIL LUTHERAN VACATION BIBLE DAY CAMP
HEALTH FORM**

(This form needs to be filled out by parent or guardian for each camper)

Camper's Name _____ *Please print*

Do you carry medical/hospital insurance? _____ If so, please indicate:

Carrier: _____ Group/Policy Number: _____

Name and Phone Number of Physician: _____

Check if immunizations are current: _____

Drug and/or other allergies and if asthmatic: _____

If so, please 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.

Any activity restrictions or health-related information for camp personnel:

My child has permission to participate in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp staff to order x-rays, routine tests and treatments for the health of my child, and in the event I cannot be reached in an emergency. I hereby give permission to the trained camp staff on site to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Payment (due by Thursday, June 21, 2018) Amount Paid _____ Date _____

Cash \$ _____ Check No. _____

Received by _____