



with Cross of Hope Lutheran Church and Schools

## **Breaking all the Rules: Following Jesus' Lead**

A Day Camp Experience  
for Ages 3 – entering Grade 5



June 12 - 16, 2017

Grade K-5 Monday-Thursday 9:00 am–2:00 pm

Preschoolers Monday-Thursday 9:00-11:30 am

Friday concludes at Noon for all

with a special program and light refreshments

to be held at Cross of Hope Lutheran Church

6104 Taylor Ranch Road

Albuquerque NM 87120

505 897 0047

email: [media@crossofhope.org](mailto:media@crossofhope.org)



## Dear Friends and Family of Cross of Hope Church and Schools,

This summer our church is planning an exciting opportunity for Christian growth that the child(ren) in your life will want to share in. It's an awesome Day Camp experience for those ages 3 through grade 5.

**The Day Camp will be held June 12-16, 2017.** We will begin at 9:00 a.m. and conclude at 2:00 p.m., Monday through Thursday for K-5<sup>th</sup> grade. (Pre-K ends at 11:30 a.m. Monday through Thursday and at noon on Friday.) The week concludes on Friday at noon for all with a special program and light refreshments on the lawn to follow.

Day Camp provides a unique experience that helps children grow in their faith. Our Day Camp is being offered as a partnership between our church and Rainbow Trail Lutheran Camp. Trained Rainbow Trail camp counselors will join with adults and youth from our congregation who want to see your children's faith grow. The week will include music, creative worship, arts and crafts, games, and of course, Bible study.

Again, this year we will have our day camp serve as a true ministry by having no registration fee, however if you are at all able to help by contributing time, supplies or a monetary donation to this event we would greatly appreciate it. With your registration packet you will find a parent volunteer form that lists a few needs we have and as we near the camp itself there will be a Sign Up Genius list that will circulate so that you can check with needs throughout the week of camp.

Registration begins Sunday, May 7, 2017 at which time forms are available at the Rainbow Trail Day Camp table in the Great Hall or in the church office. Kindergarten-5<sup>th</sup> grade will cap at 120 children, Preschool will cap at 16 children. So turn in your registrations ASAP. Any questions, call the office, 897-0047.

In early June, a reminder letter or email will be sent to you with additional information regarding Day Camp.

With Great Excitement and Joy,

Richard Hielkema,  
Day Camp Director

## DAY CAMP REGISTRATION FORM

Rainbow Trail Lutheran Day Camp -- June 12-16, 2017  
Cross of Hope Church, 6104 Taylor Ranch Road, Albuquerque NM 87120  
Church Office - 505-897-0047; Fax - 505-897-9455

1. Child's Name \_\_\_\_\_

2. Child's Name \_\_\_\_\_

3. Child's Name \_\_\_\_\_

4. Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Can we use this e-mail when we send out the reminder information shortly before the start of camp?

Yes \_\_\_ Prefer regular mail \_\_\_

Home Church \_\_\_\_\_

Has your child(ren) attended this Day Camp previously? \_\_\_\_\_

If no, how did you hear about our Camp? \_\_\_\_\_

**If not available in an emergency,**

please contact: \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_ Phone \_\_\_\_\_

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

Carrier \_\_\_\_\_

Group/Policy Number \_\_\_\_\_

Name and Phone Number of Physician: \_\_\_\_\_

**Please contact the camp director to make arrangements to leave inhaler, EpiPen, or other needed medicine for camp staff to administer in case of emergency.**

\_\_\_\_ I give my child(ren) permission to participate in all Day Camp activities led by Rainbow Trail Lutheran Camp. I agree that Rainbow Trail will not be held responsible for accidents or persons injured arising there from. 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.

My child(ren) 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)

\_\_\_\_ Yes, I would like to receive information about Rainbow Trail Lutheran Camp programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**1. Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Male\_\_ Female\_\_ Age\_\_\_\_\_ Grade in Fall\_\_\_\_\_ School \_\_\_\_\_

Check if immunizations are current: \_\_\_\_

Drug and/or other allergies and if asthmatic: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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**2. Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Male\_\_ Female\_\_ Age\_\_\_\_\_ Grade in Fall\_\_\_\_\_ School \_\_\_\_\_

Check if immunizations are current: \_\_\_\_

Drug and/or other allergies and if asthmatic: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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**3. Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Male\_\_ Female\_\_ Age\_\_\_\_\_ Grade in Fall\_\_\_\_\_ School \_\_\_\_\_

Check if immunizations are current: \_\_\_\_

Drug and/or other allergies and if asthmatic: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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**4. Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Male\_\_ Female\_\_ Age\_\_\_\_\_ Grade in Fall\_\_\_\_\_ School \_\_\_\_\_

Check if immunizations are current: \_\_\_\_

Drug and/or other allergies and if asthmatic: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**The Parent Volunteer Form 2017**

Thank you so much for registering your child(ren) in the 2017 RTL Day Camp at Cross of Hope. Please take a moment and select an area where you feel you may be able to assist with our program this year.

**Snacks and Crafts** - without donations, these two items can become quite an expense, please help as you are able. The specific snack and craft supply list are not yet established but will be sent out approximately 2-3 weeks prior to camp. You will have the opportunity to sign up for specific supplies or snacks from that list.

**Financial**

There is no camp registration fee so all children have the opportunity to participate. The camp cost is between \$30 and \$40 per child to run and if you are able to help us defray this cost it would be greatly appreciated. Make your check payable to: Cross of Hope. Note in the memo: Day Camp Donation. You can attach that donation to this form upon return, hand deliver to the church office between 9-3 on weekdays or mail in to 6104 Taylor Ranch Rd NW, Alb, NM, 87120

**Volunteer as staff/helper**-full or part days are needed. Select the day or days you might be available.  Mon  Tues  Wed  Thurs  Fri

**Counselor Needs**

donate goodies for counselor appreciation basket (i.e. Candy, gift cards, cookies, etc.)  
 4-5 movie passes for counselors night out.

**Closing Program** (Friday 11:15 am to 12:30 pm)

set-up and/or serve  
 assist staff with clean-up/take-down

**Miscellaneous**

You have a talent, skill or resource not mentioned above but we could use. Please specify

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**Parent Name** \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_