

Welcome to the Abiding Savior “Love to Know Summer Camp”. We are thrilled to have your children join us this year. There are many activities planned and games to be played! We are sure your children are going to love the theme weeks and we look forward to spending the time with them in a loving, Christian environment. We thank you for allowing us to be a part of your children's lives.

**Camp Hours:**

As a reminder, camp hours are 7:00am-6:00pm. While we understand that some campers do not need to arrive so early and stay later in the evening, we would ask that all campers arrive at least by 9Am and stay until at least 4pm. This will allow for us to keep a schedule and get through all of the planned activities.

In consideration for our camp directors/counselors, we ask that you have made arrangements for your children to be picked up by 6:00pm. A Tardy Fee of \$1.00 per minute will apply for any child staying past 6:00pm.

**Fees:**

Your weekly fee will be collected at drop off on the first day of the week if you have not already paid for your week in full.

**Absent/Late Arrival:**

Please call to inform our staff if your child will be absent or be arriving later than 9:00am–  
**314.607.6675.**

**Drop Off / Pick up:**

Your children will need to be escorted into the building through the door from the back parking lot. We will have a sign on the door directing you towards camp, it will make for an easier drop off/pick up. All children must be escorted in by a parent/ guardian for drop off. Here you will drop off the necessary items for the day and sign in. Every child must be signed in upon arrival. When picking up your children, you or someone that you have deemed with the authority to pick up your children, will come in through the same door and sign the children out for the day.

**Lunch/Snacks/Water Bottle:**

Please send a lunch and 2 snacks with your child every day. Please remember that this is a peanut and tree nut-free building. Please do not send food items containing peanuts or tree nuts. Please send a water bottle to camp every day. Please label lunch/snack and water bottle every day.

**Allergies/Medications:**

Please complete the Medication Consent Form for any needs your child may have while attending camp.

**Reading:**

We have slotted a small bit of time for some reading activities. Please feel free to send a book or two with your child every day. This is not only a good time to relax after a fun activity, but it is also a good time to keep up with their reading skills!

**Water Activities:**

We have water activities planned for many days. Please send a bag with a swimming suit, towel, and sunscreen for your child each and every day.

**Sunscreen:**

Please send sunscreen (labeled) with your child each and every day. We will have many outdoor activities (weather permitting). We want to make sure that your child is prepared with sunscreen. We will take several breaks throughout the day to help apply more sunscreen when necessary. If your child does not come to camp with sunscreen, he/she will not be allowed to participate in outdoor activities that day. Due to various allergies, we will not apply sunscreen that is not sent with your child. If you have multiple children attending camp, please send a bottle of sunscreen with each one of your children. This will eliminate frustration for your children when rushing to get to outside. Please put his/her name on all sunscreen bottles. Also, please sign the sunscreen waiver, or we will not be allowed to apply sunscreen.

**Field Trips:**

We would like to plan for field trips if we have the appropriate number of enrolled campers and it fits into the theme for the week. This will strictly depend on the number of enrolled campers. If we find that a field trip is feasible, we will communicate that information and ask for your approval before scheduling the field trip.

Once that has been finalized, we will seek additional permission slip forms. We will not take a field trip without proper communication and your approval. More information to follow if there is potential for field trips.

\*\*Field Trips will not be planned during the Special Half Day Camp Weeks.

**Forms/Waivers:**

Please complete and send all signed copies of forms/waivers along with your registration and "reservation fees". These need to be completed just once for each child and should be updated if any of your information changes.

**Questions/Suggestions/Comments:**

We are always looking for ways to make your child's camp experience the very best that it can be. So if there is a time that you have a suggestion or want to comment, please feel free to contact Stacey Van Nest [bnsvan@sbcglobal.net](mailto:bnsvan@sbcglobal.net) or 314.280.3809.

June 5 - August 11, 2017

Abiding Savior Lutheran Church is again offering the **LOVE TO KNOW SUMMER CAMP**— a fun-filled learning experience for children ages 3-12. This camp, centered in a Christian environment, is sure to please all children and parents alike. The amazing hours, the themed weeks, the love of experienced, dedicated, and educated directors and counselors definitely creates the perfect experience for the ones you love the most! **THEMED WEEKS**, **GUEST SPEAKERS**, and the **POTENTIAL** for **FIELD TRIPS** will allow all children to experience activities with the following themes in mind:

Circus, American Ninja Warrior, Disney, Sports, and Service ... *just to name a few.*

**THIS CAMP IS CONDUCTED IN A PEANUT AND TREE-NUT FREE ENVIRONMENT.**

**ALL DIRECTORS ARE CERTIFIED IN FIRST-AID, CPR, AND EPI!**

---

**5-Day and 3-Day Plans with New Hours! 7:00am-6:00pm**

Because we realize that most camps have short hours that cause an issue for working parents, we are offering amazing hours with flexible drop-off and pick-up times\* to best accommodate your needs.

\*We do ask that all children arrive to camp no later than 9AM every morning and would like them to stay with us until 4PM if possible. This allows us to plan organized activities for everyone!

**[5-Day Program : \$165/week     3-Day Program : \$115/week]**

**Special Half-Day Camps: 9:00am-1:00pm (Available all summer!)**

Don't need full-time camp? These half-day camps are specially designed to accommodate the children that typically attend the Summer Camp offered by the E.C. Ministry. This is a great way to offer a fun play date with friends while participating in the same great, themed activities.

**[Half-Day Camp 5-Days : \$95/week     Half-Day Camp 3-Days : \$65/week]**

---

**WEEK OF JUNE 5TH: UNDER THE SEA** - Come join us for a fun-filled week where we will dive in to learning about the creatures on the ocean floor!

**WEEK OF JUNE 12TH: CIRCUS, CIRCUS, CIRCUS!** - What do you get when you put together cotton candy, elephants, magic, and a show? You get circus, circus, circus! Campers, come join our troupe as we walk the tightrope through the circus this week.

**WEEK OF JUNE 19TH: AMERICAN NINJA WARRIOR (ABIDING SAVIOR STYLE)** - Do you have what it takes to be the next American Ninja Warrior? Join us for a week full of fun and challenging obstacles to see if you are a Ninja Warrior!

**WEEK OF JUNE 26TH: DISNEY: THE MAN, THE MYTH, THE LEGEND** - Walt Disney. Come learn how it all started and explore the magical land where all your dreams come true!

**WEEK OF JULY 3RD\*: GOD BLESS AMERICA** - We will learn the history behind the first 4th of July, why freedom is important to our country, and why we actually set off fireworks! **\*No camp July 4th! Happy Independence Day!**

**WEEK OF JULY 10TH: LIONS AND TIGERS, AND BEARS, OH MY!** - This week we will learn about all of God's creatures big, small, short, and tall!

**WEEK OF JULY 17TH: CHEF OOOH LA LA** - Join us this week as we make some yummy treats for our tummies. Campers will practice their cooking and baking skills with fun (peanut and tree nut free) recipes.

**WEEK OF JULY 24TH: GOD'S CREATION - EARTH** - This week we will be exploring fun elements from our very own backyard to the Seven Wonders of the World.

**WEEK OF JULY 31ST: WE ARE FAMILY - CELEBRATING OUR SERVICE HEROES** - Campers will learn more about our armed forces, police officers, and firefighters. It will be a special week honoring those who serve and protect us.

**WEEK OF AUGUST 7TH: GO PRO SPORTS** - We are kicking off Love to Know camp with sports week! Come join our summer team as we learn the ins and outs of many different sporting activities.

---

**ENROLLMENT AND FEES:**

A “reservation” fee of \$35 per week is due upon registration and will be applied towards the weekly camp rate. Remaining weekly balance is due on the first day of attendance. Campers must be 3 before May 1, 2017 and fully potty trained.

**HURRY AND REGISTER TODAY, SPACES ARE LIMITED.**

**REGISTRATION FORM (ONE PER CAMPER, PLEASE):**

Camper Name: \_\_\_\_\_ Gender: M F Date of Birth : \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Phone H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_  
 E-mail(s): (to receive camp info) \_\_\_\_\_  
 Additional Emergency Contact name/number: \_\_\_\_\_

**SELECT PROGRAM AND DATES:**

5-Day Program / Full-Day : \$165/week     3-Day Program / Full-Day : \$115/week  
 5-Day Program / Half-Day : \$95/week     3-Day Program / Half-Day : \$65/week

June 5-9     June 12-16     June 19-23     June 26-30     July 3-7  
 July 10-14     July 17-21     July 24-28     July 31-August 4     August 7-11

**For 3-Day Program Registration, please select your days:**

Monday     Tuesday     Wednesday     Thursday     Friday

**Camper T-Shirt Size:**

Youth XS     Youth S     Youth M     Youth L     Adult S     Adult M     Adult L     Adult XL

Waiver: As parent/guardian I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the supervision of the director/counselor, until such time as I or the child's other parent/guardian may be contacted. I also hereby assume responsibility for payment of any such treatment, and I indemnify such persons and ASLC from all costs and/or liabilities arising from such treatment. If my child has any medical condition or special needs I will provide that information in writing to the camp staff.  
 I also grant full permission for the taking of and use of photos and/or video of my son/daughter.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL REGISTRATION AND RESERVATION FEES TO:**  
 LOVE TO KNOW ASLC SUMMER CAMP | 4355 BUTLER HILL RD, ST. LOUIS, MO 63128  
 For more information: Call Stacey at 314.280.3809

## What should I bring?

### WHAT TO BRING TO CAMP:

Swimsuit / water clothes  
Flip-Flops or Water Shoes  
Towel  
Sunscreen  
Water Bottle  
Book to read / share  
Lunch  
2 snacks

Children should come to camp wearing tennis shoes and clothing that is appropriate for indoor and outdoor activities. We do not recommend sandals or flip-flops for anything other than the water activities. We will be playing on the playground and in the field at times. We will also be painting and may be getting dirty. We recommend that children are dressed in “play clothes”.

**PLEASE LABEL ALL BELONGINGS**

### WHAT NOT TO BRING TO CAMP:

Cell Phone  
iPod, iPad  
Laptop, tablets, other electronics  
Portable Game Devices  
Trading Cards  
Candy and Gum  
Money

**Release and Waiver of Liability, Assumption of Risk and Indemnity,  
and Parental Consent**  
(One camper per form, please.)

**Camper Name:** \_\_\_\_\_

**Agreement:**

The child listed above is in good health (has had a physical examination within the past year) and I agree that he/she is capable and in proper physical condition to participate in the activities at Abiding Savior Summer Camp. I agree that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation by my child in such activities.

I fully understand that activities at Abiding Savior Summer Camp involve risk and dangers of serious bodily injury that could include permanent disability and even death. These risks and dangers may be caused by my child's own action or inaction and the action or inaction of others involved in activities. I fully accept and assume all risks and responsibility for losses, costs and damages my child incurs as a result of his/her participation in the activity.

I hereby release, discharge and covenant not to sue Abiding Savior, their administrators, directors, agents, officers, members, volunteers, employees, other participants and owners/lessors of premises where the activity takes place from all liability, claims, demands, losses or damages. I also agree that despite this release and waiver of liability, I or anyone on my behalf makes a claim against any of the groups listed above, I will indemnify, save and hold harmless each of the parties listed above from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I, the undersigned, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency for the undersigned player, a participant in the Abiding Savior program.

I, the minor's parent and/or legal guardian, understand the nature of the activities at Abiding Savior Summer camp and the minor's experience and capabilities and believe the minor to be qualified, in good health and in proper physical condition to participate in such activities. I hereby release, discharge, covenant not to sue and agree to indemnify, save and hold harmless each of the parties listed above from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be because in whole or in part by the negligence of the employees of Abiding Savior. I further agree that despite this release, I the minor or anyone on the minor's behalf makes a claim against any of the parties named above, I will indemnify, save and hold harmless each of the parties named above from any litigation expenses, attorney fees, loss liability, damage, or cost that may occur as the result of such claim.

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

*This form must be signed by the parent before the child is allowed to participate in the  
Abiding Savior Summer camp.*

**Authorized Persons for Pick-up**

**Camper Name(s):** \_\_\_\_\_

**I authorize the following people to pick up my children from camp. I know that my children will not be released to any person(s) not listed below.**

**Persons Authorized to Pick-up Camper:** (Please include parents)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Persons NOT Authorized to Pick-up Camper:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Please make us aware of any reason the above listed persons are not allowed to pick up your children.**

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

**Abiding Savior Summer Camp Distribution of Medication Consent**

This form is used only if medication must be administered by a camp counselor/director during the time the child is attending Abiding Savior Summer Camp.

I hereby request and authorize the Camp Counselors/Directors of Abiding Savior to give my child medication as specified below, according to the "Medication Protocol". In making this request, I acknowledge that a physician or nurse will not be present or available during the administration of the medication, and that the medication may be administered by a non-medical person.

This form must be completed by the health care provider who is prescribing the medication and signed by the health care provider and parent/guardian.

Camper's Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) of Day: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

*If more than one medication is needed by the same camper:*

Medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) of Day: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

\_\_\_\_\_  
 Physician Signature/Date

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

\_\_\_\_\_  
 Physician Phone Number

\_\_\_\_\_  
 Parent/Guardian Phone Number



## Emergency Contact & Information Sheet

### Participant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Sex: Male / Female (*please circle*)

Allergies or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Member Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### Additional Emergency Contact Information (*other than parents/guardian*):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Abiding Savior Lutheran Church, its employees, or agents have the right to take photographs and/or videotape, my children to use in all media, now or hereafter known, and exclusively for the purpose of Abiding Savior advertisements.

I do hereby release to Abiding Savior Lutheran Church, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of their identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for any photographs and/or videotapes.

I represent that I am at least 18 years of age representing my child/children and have read and understand the foregoing statement, and am competent to execute this agreement.

Name(s) of Child/Children: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

## Sunscreen Release

Sunscreen is particularly important during the summer months. Please be advised that children must arrive at camp each day already wearing the appropriate amounts of sunscreen, preferably waterproof. For re-application during the day, please send sunscreen daily with your child, marking the bottle with their name and putting it in a zip-lock bag, also marked with their name.

I give permission for the employees of Abiding Savior Lutheran church to apply sunscreen. My child has no allergies to any particular sunscreen brands or sunscreen.

\_\_\_\_\_  
Parent/Guardian Print

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