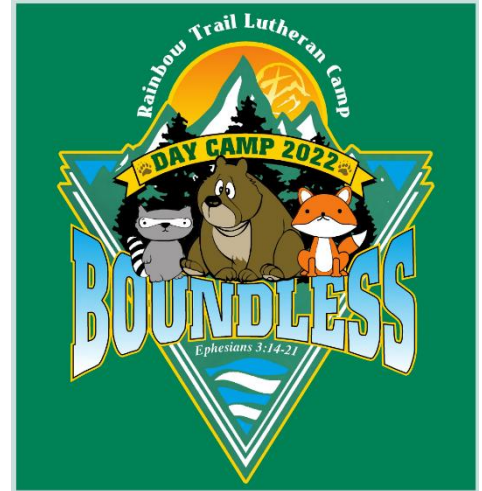




with Cross of Hope Lutheran
Church and School
and All Saints Lutheran Church



BOUNDLESS

God Beyond Measure

A Day Camp Experience
for those entering Kindergarten - Grade 5

Register online at:
Crossofhope.org

June 13-17, 2022

Grade K-5 Monday-Thursday 9:00 am–2:00 pm
Friday concludes at Noon for all
with a special program and light refreshments

to be held at Cross of Hope Lutheran Church and School
with All Saints Lutheran Church

6104 Taylor Ranch Road
Albuquerque NM 87120
505 897 0047

Contact Martha Montano, youth_aslc@comcast.net
505-898-3932

This summer Cross of Hope Lutheran Church and School along with All Saints Lutheran Church are 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 entering Kindergarten through grade 5.

The Day Camp will be held June 13-17, 2022. We will begin at 9:00 a.m. and conclude at 2:00 p.m., Monday through Thursday for K-5th grade. The week concludes on Friday at noon for all with a special program and light refreshments.

Day Camp provides a unique experience that helps children grow in their faith. Our Day Camp is being offered as a partnership between Cross of Hope and All Saints with Rainbow Trail Lutheran Camp. Trained Rainbow Trail camp counselors will join with adults and youth from our church community 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. (Camp costs are about \$35 per child). 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, April 24, 2022 and ends on June 1, 2022. Forms are available at both churches, and **online at crossofhope.org**. So turn in your registrations ASAP. Any questions, call the Martha Montano, youth_aslc@comcast.net, 505-898-3932.

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

With Great Excitement and Joy,

Nancy Lacher and Martha Montano
Day Camp Co-Directors

DAY CAMP REGISTRATION FORM

Rainbow Trail Lutheran Day Camp -- June 13-17, 2022
Cross of Hope Church, 6104 Taylor Ranch Road, Albuquerque NM 87120
COH 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 _____

Preferred Phone _____ Other 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: _____

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: _____

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: _____

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 2022

Thank you so much for registering your child(ren) in the 2022 RTLK 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. A Sign-Up Genius will be available soon with specific lists/needs/

Snacks and Crafts - 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

Parent Name _____

Phone _____ E-mail _____

Child(ren) Name(s) _____