



Messy Church Camp

March 16-20, 2020

St. Peter's Anglican Church, Lakehill

3939 St. Peter's Road, Victoria, BC V8P 2J9
(250) 384-7757 / admin@twosaintschurch.ca

www.twosaintschurch.ca

(Sponsored by St. David by-the-Sea and St. Peter, Lakehill)

Dear Parents,

Thank you for considering our Messy Church Camp this Spring Break for your child/children. We are very excited to host a day camp from March 16-20 at St. Peter's Anglican Church, Lakehill.

We have planned an exciting program with a variety of activities ranging from woodworking to art, storytelling to singing, crafts to baking, and of course, music, games and all kind of fun activities for ages 5 to 12 yrs.

Our extraordinary volunteers will provide a fun and safe environment while sharing their talents and experience, to bring a great variety of opportunities for your child to engage in each day.

Our camp will run each day from 9:00 am to 12:30 pm.

Cost: \$40 per week if registered in February - \$50 in March.

"All Creatures Great and Small"

'All Creatures Great and Small' is the theme of our camp this year. We will have fun following Noah on his crazy cruise with hundreds of animals, exploring what lions do in a den, wandering like sheep, and of course learning about snakes.

Please fill out the attached permission form and make your *cheques payable to*:

St. Peter's Anglican Church

We are looking forward to a fun-filled week. Please don't hesitate to contact us with any questions you might have.

Blessings,

Brenda Crockford, Verity Richardson and the camp team



Messy Church Camp Registration Form

9:00 am - 12:30 pm

CHILD:

NAME OF CHILD: _____

NAME CHILD RESPONDS TO: _____ SEX: _____

DATE OF BIRTH: _____ (YYYY/MM/DD)

PARENT/GURDIAN

1. NAME: _____

ADDRESS: _____ PHONE: _____

CITY AND POSTAL CODE: _____ EMAIL: _____

PLACE OF WORK: _____ PHONE: _____ CELL: _____

2. NAME: _____

ADDRESS: _____ PHONE: _____

CITY AND POSTAL CODE: _____ EMAIL: _____

PLACE OF WORK: _____ PHONE: _____ CELL: _____

MEDICAL INFORMATION:

FAMILY DOCTOR: _____ PHONE: _____

MEDICAL INSURANCE PLAN NUMBER: _____

ALTERNATE PERSON FOR PICK UP IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP _____ PHONE: _____

NAME: _____ RELATIONSHIP _____ PHONE: _____

PERSON (OTHER THAN PARENT/GURDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM CAMP:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PERSONS NOT PERMITTED ACCESS TO CHILD:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

DOES YOUR CHILD HAVE ANY KNOWN HEALTH PROBLEMS/ MEDICAL DISABILITIES? YES / NO
(IF YES PLEASE ATTACH DOCUMENTATION)

ANY ALLERGIES? YES / NO

(IF YES PLEASE ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION)

ANYTHING WE SHOULD KNOW ABOUT YOUR CHILD TO MAKE THEIR CAMP A GREAT EXPERIENCE?

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THE FOLLOWING:

I HERBY GIVE MY CONSENT FOR THE CAMP TEAM TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATLEY BE REACHED. I UNDERSTAND MY CHILD WILL USE PUBLIC TRANSIT.

PARENT/GURADIAN SIGNATURE _____ DATE _____