

**ASLS
SONSHINE CAMP 2022
Presents**



**LOVE ONE ANOTHER
John 13:34**

At Abiding Savior Sonshine Day Camp we know that through faith we can accomplish anything.

Through exciting and creative STEAM enrichment activities, all campers will explore science, technology, mathematics, arts, athletics, self-esteem, values, and more in a Christ-Centered atmosphere.

HOW TO REGISTER:

- All campers must be entering 1st through 6th grades this fall.
- One time non-refundable registration fee: **\$75 per camper.**
This fee includes your child's camp T-shirt.

PROGRAM INCLUDES:

- STEAM Activities, field trips, and an afternoon snack.
- If we are able to schedule an excursion, you will be notified in advance and there will be no extra cost to you.
- Each child must bring his/her own lunch and beverage unless otherwise noted on the weekly "Schedule of Events" newsletter.

PROGRAM SCHEDULE & RATES:

- Sonshine Camp will operate on a weekly basis from June 8 - August 5, 2022.
- No camp: Monday, July 4th.
- Sonshine Camp hours are from 7:00 a.m. to 6:00 p.m.
- **Weekly Fee: 5 DAY – (4) or more days or for a full week: \$225/\$185**
- **Daily Rate: \$60 | Field Trip/Excursion Days Daily Rate: \$75**

CAMP PAYMENTS:

- All weekly payments are due the Wednesday before each week begins.
- A \$35 late fee will be charged per week for all late payments.
- A \$35 fee will be charged for any returned check or credit card charge.
- Unless prior notification is given, any camper who is registered and is a no show will be charged a minimum of \$75 per week of non-attendance.

MORE INFORMATION:

With all the activities available to our campers here at Abiding Savior's Sonshine Camp it is important to remember a few simple rules:

1. Dress cool and casual in clothes that are designed for rugged outdoor play. Closed toed shoes must be worn at all times.
2. Apply sunscreen every day before you come to camp.
3. Your child will need to bring a full water bottle, morning snack and lunch daily. We provide an afternoon snack.
4. If your camper brings his/her electronic device, please make sure they are labeled. A.S.L.S. Sonshine Camp is not responsible for any lost possessions.
5. If your camper brings his/her bicycle, razor scooter, or roller blades to camp, they must also bring and wear a helmet. **NO MOTORIZED SCOOTERS OR HOVER BOARDS AT CAMP!**
6. Read the **weekly "Schedule of Events" Newsletter** that will be available each Monday. The newsletter will give you updates and reminders about activities in which your camper will participate.

LOVE ONE ANOTHER

THEME	Monday	Tuesday	Wednesday	Thursday	Friday
JUNE					
ALOHA SUMMER	NO CAMP	NO CAMP	8	9 PARK DAY	10 BOUNCE HOUSE
BEACH WEEK	13	14	15 BEACH	16	17
MINUTE TO WIN IT!	20	21	22 BIG AIR TRAMPOLINE PARK	23	24
STARS & STRIPES	27	28	29 BEACH	30	1
JULY					
MUSIC & DRAMA	4 NO CAMP	5	6 FOUNTAIN VALLEY SKATE	7	8
H2O – WOAH!	11	12	13 BEACH	14	15
WHAT'S COOKIN'?	18	19	20 MEDIEVAL TIMES	21	22
CARNIVAL WEEK	25	26	27 ORANGE COUNTY FAIR	28	29
AUGUST					
VBS (VACATION BIBLE SCHOOL)	1	2	3	4	5

PLEASE NOTE:

THE CALENDAR IS AS ACCURATE AS POSSIBLE WHEN PRINTED. REFER TO "SCHEDULE OF EVENTS" NEWSLETTER EACH WEEK FOR UPDATES.

School Office : 949-830-1461 | ESC: 949-837-4289 | abidingsavior.com



SONSHINE DAY CAMP 2022

JUNE 8 – AUGUST 5

ATTENDANCE CONTRACT

Please complete a separate attendance contract for each Camper

Camper's Name: _____

Grade in Fall '22: _____

Parent's Name: _____

- ☺ Please clearly mark the appropriate boxes ☐ indicating your child's planned attendance.
- ☺ One-time non-refundable registration fee: \$75 per camper must accompany this contract. The registration fee includes your child's camp T-shirt for Sonshine Camp.
- ☺ **Weekly Rate:** 5 Day-four (4) or more days or for a full week (Mon.-Fri.): **\$225/\$185.**
Daily rate: \$60 | Field Trip Daily Rate: \$75. *See Fee Schedule for options.
- ☺ All payments are due no later than the Wednesday before each week of attendance. A late fee of \$35 per camper will be charged for payments received after the due dates. A \$35 fee will be charged for any returned check or credit card charge.
- ☺ T-shirt size: XS (4-6): _____ S (6-8): _____ Medium (8-10) _____ Large (10-12): _____

THEME	WEEKLY OPTION	DAYS ATTENDING	
WEEK 1: JUNE 8-10 ALOHA SUMMER PARK DAY/BOUNCE HOUSE	<input type="checkbox"/> 7:00 am - 6:00 pm <input type="checkbox"/> 8:00 am - 3:00 pm	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
WEEK 2: JUNE 13-17 BEACH WEEK BEACH	<input type="checkbox"/> 7:00 am - 6:00 pm <input type="checkbox"/> 8:00 am - 3:00 pm	<input type="checkbox"/> ALL WEEK <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
WEEK 3: JUNE 20-24 MINUTE TO WIN IT! BIG AIR TRAMPOLINE PARK	<input type="checkbox"/> 7:00 am - 6:00 pm <input type="checkbox"/> 8:00 am - 3:00 pm	<input type="checkbox"/> ALL WEEK <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
WEEK 4: JUNE 27-JULY 1 STARS & STRIPES BEACH	<input type="checkbox"/> 7:00 am - 6:00 pm <input type="checkbox"/> 8:00 am - 3:00 pm	<input type="checkbox"/> ALL WEEK <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
WEEK 5: JULY 5-8 (NO CAMP 7/4) MUSIC & DRAMA FOUNTAIN VALLEY SKATE	<input type="checkbox"/> 7:00 am - 6:00 pm <input type="checkbox"/> 8:00 am - 3:00 pm	<input type="checkbox"/> ALL WEEK <input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
WEEK 6: JULY 11-15 H2O – WHOA! BEACH	<input type="checkbox"/> 7:00 am - 6:00 pm <input type="checkbox"/> 8:00 am - 3:00 pm	<input type="checkbox"/> ALL WEEK <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
WEEK 7: JULY 18-22 WHAT'S COOKING'? MEDIEVAL TIMES	<input type="checkbox"/> 7:00 am - 6:00 pm <input type="checkbox"/> 8:00 am - 3:00 pm	<input type="checkbox"/> ALL WEEK <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
WEEK 8: JULY 25-29 CARNIVAL WEEK ORANGE COUNTY FAIR	<input type="checkbox"/> 7:00 am - 6:00 pm <input type="checkbox"/> 8:00 am - 3:00 pm	<input type="checkbox"/> ALL WEEK <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
WEEK 9: AUGUST 1-5 VBS (VACATION BIBLE SCHOOL)	<input type="checkbox"/> 7:00 am - 6:00 pm <input type="checkbox"/> 8:00 am - 3:00 pm	<input type="checkbox"/> ALL WEEK <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Priority will be given to full-time campers; however, every effort will be made to accommodate each child and schedule. Please fill out this contract for the entire summer:

- ☺ To add, cancel or change this contract, please submit in writing, at least **2 WEEKS IN ADVANCE**, your proposed change.
- ☺ **If your camper is a no show on a week that you have indicated attendance and you have not submitted a request to cancel or reschedule, you will be charged a \$75.00 fee for non-attendance.**
- ☺ No more than 20% of this contract may be changed.
- ☺ All contract changes are subject to the approval of the Sonshine Camp Director.



I agree to follow the policies and procedures of Abiding Savior’s Sonshine Camp 2022 Program.
I have attached the \$75 per child registration fee to this form.

I understand that my child is expected to come to camp with a positive attitude and a willingness to participate.

If Sonshine Camp can offer an excursion, I understand that, for safety reasons, my child is required to wear his/her day camp shirt on all major excursions as noted in each week’s Monday Note. If this does not occur, I further understand that my camper will be provided a day camp shirt for the day, and I will be charged a \$5 shirt fee.

Parent’s Signature: _____ **Date:** _____

FOR STAFF USE ONLY			
AMOUNT RECEIVED: _____		DATE: _____	
CHECK # _____	CASH RECEIPT # _____	STAFF INITIALS _____	



SONSHINE DAY CAMP
JUNE 8 – AUGUST 5, 2022
FIELD TRIP WAIVER
Please complete a separate waiver for each Camper

PLANNED EXCURSIONS:

June 15 - T Street Beach (San Clemente)

June 29 - T Street Beach (San Clemente)

July 13 - T Street Beach (San Clemente)

July 27 - Orange County Fair (Costa Mesa)

June 22 - Big Air Trampoline Park (Laguna Hills)

July 6 – Fountain Valley Skate (Fountain Valley)

July 20 – Medieval Times (Buena Park)

My child, _____, has permission to attend the Sonshine Day Camp excursion/s.

I acknowledge and accept that my child, _____'s, participation in the Abiding Savior field trip/s listed above is entirely voluntary and all risk is voluntarily assumed by my child and me. Risks could include, but are not limited to, personal injury, damage to clothing and/or equipment, loss of property, death, act of God, separation from the group, and/or damage and injury to others. I understand and agree that neither my child's actions, nor the actions of any other person, can necessarily be controlled, and that my and my child's safety and health cannot be guaranteed while participating in the field trip.

I understand that school rules and regulations will be in effect. I have also ensured that my child understands that it is important for his/her safety, and for the safety of the group, that all rules and instructions given by the field trip supervisors are followed.

I consent for my child to receive first aid, medical treatment, or any other services rendered in the event of an injury, accident, or illness while participating in this field trip. I agree and acknowledge that Abiding Savior is under no obligation to provide such medical treatment. I ACKNOWLEDGE THAT ANY INJURIES THAT I OR MY CHILD SUSTAIN MAY BE COMPOUNDED BY NEGLIGENT FIRST AID OR EMERGENCY RESPONSE OF ABIDING SAVIOR PERSONNEL OR OTHER INDIVIDUALS OR EMERGENCY PERSONNEL.

In consideration of your agreeing to take my child on the above trip. I hereby agree not to hold the school, any individual employed by the school, volunteers, or the church leadership liable for any expense, loss, personal injury, or accident to my child which is not the result of any negligent act or willful default of any employee or agent of the school. I will not bring any suit or assert any claim against Abiding Savior Lutheran Church and School or the field trip supervisors as a result of any action taken.

PROMISE NOT TO SUE

I hereby agree and covenant not to bring a claim against, sue, demand compensation from, or attach the property or assets of Abiding Savior, for any damages, injuries, or claims arising or resulting from my participation in this activity, and forever release and discharge Abiding Savior from liability under such claims.

✕ A chartered school bus will be used for all excursions listed above.

✕ All children in 1st - 2nd Grade will be seated in a booster seat provided by the bus company.

Parent's Signature _____ **Date** _____



PLEASE COMPLETE BOTH SIDES OF THIS FORM

AUTHORIZATION AND CONSENT TO TREATMENT FOR

Camper's Name: _____

I, _____, give consent for my child to receive first aid, medical treatment, or any other services rendered in the event of an injury, accident, or illness while participating in Abiding Savior Sonshine Camp activities. I agree and acknowledge that Abiding Savior is under no obligation to provide such medical treatment. I ACKNOWLEDGE THAT ANY INJURIES THAT MY CHILD SUSTAIN MAY BE COMPOUNDED BY NEGLIGENT FIRST AID OR EMERGENCY RESPONSE OF ABIDING SAVIOR PERSONNEL OR OTHER INDIVIDUALS OR EMERGENCY PERSONNEL.

Parent Signature: _____

Doctor's Name: _____

Address: _____

Phone: _____

Hospital of preference and phone: _____

My child is allergic to the following medications and anesthetics: _____

Please list medications required for any of the above conditions: _____

I understand that I am financially responsible for any expenses incurred for medical care and/or transportation for my child.

_____ **Parent Initial**

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I AGREE TO ALL AUTHORIZATIONS, CONSENTS, AND NOTIFICATIONS AS LISTED ON THIS FORM.

I understand that this authorization may be photocopied with the original kept in the office files.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____



SONSHINE DAY CAMP 2022

FEE SCHEDULE JUNE 8 - AUGUST 5

REGISTRATION FEE \$75

NON-REFUNDABLE | PER CAMPER | INCLUDES CAMP T-SHIRT

WEEKLY FEE

INCLUDES DAILY AFTERNOON SNACK | STEAM ENRICHMENT | FIELD TRIPS

MONDAY - FRIDAY 7AM - 6PM \$225 WEEK

MONDAY - FRIDAY 8AM - 3PM \$185 WEEK

RATE OPTIONS:

DAILY RATE \$60

FIELD TRIP DAILY RATE \$75

COUNSELOR IN TRAINING (CIT)

CIT 7TH & 8TH GRADE \$125 WEEK

ALL WEEKLY PAYMENTS ARE DUE THE WEDNESDAY BEFORE EACH WEEK OF ATTENDANCE

LATE FEE \$35

RETURNED CHECK FEE OR CREDIT CARD CHARGE \$35