

**ASLS  
SONSHINE CAMP 2024  
PRESENTS**



**ABIDING IN JESUS  
John 15:5**

At Abiding Savior Sunshine 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.
- No extra cost for excursions
- Each child must bring his/her lunch and beverage unless otherwise noted on the weekly "Schedule of Events" newsletter.

**PROGRAM SCHEDULE & RATES:**

- Sonshine Camp will operate every week from June 17 - August 9, 2024.
- No camp: Monday, July 1st and Tuesday, July 2nd
- Sonshine Camp hours are from 7:00 a.m. to 5:00 p.m.
- **Weekly Fee: 5 DAY – (4) or more days or for a full week: \$250/\$210**
- **Week 3 Rates: \$210/\$170**
- **Daily Rate: \$75 | Field Trip/Excursion Days Daily Rate: \$85**

**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. These must be brought home each night. **NO MOTORIZED SCOOTERS OR HOVERBOARDS 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.

**SERVE ONE ANOTHER**

THEME	Monday	Tuesday	Wednesday	Thursday	Friday
<b>JUNE</b>					
<b>ANIMAL KINGDOM</b>	17	18	<b>19</b> <b>BEACH</b>	20	21
<b>ROLL WITH IT</b>	22	23	<b>24</b> <b>FOUNTAIN VALLEY SKATE</b>	25	26
<b>JULY</b>					
<b>AMERICA THE BEAUTIFUL</b>	1	2	<b>3</b> <b>BEACH</b>	<b>4</b> <b>NO CAMP</b>	<b>5</b> <b>NO CAMP</b>
<b>ALL FOR ONE &amp; ONE FOR ALL</b>	8	9	<b>10</b> <b>MEDIEVAL TIMES</b>	11	12
<b>WARRIORS OF FAITH</b>	15	16	<b>17</b> <b>AMERICAN NINJA WARRIOR</b>	18	19
<b>WAVES OF FUN</b>	22	23	<b>24</b> <b>BEACH</b>	25	26
<b>VBS – SCUBA DIVING INTO FRIENDSHIP WITH GOD</b>	29	30	31	1	2
<b>AUGUST</b>					
<b>ALWAYS A GOOD TIME</b>	5	6	<b>7</b> <b>OC FAIR</b>	8	9

**PLEASE NOTE:**

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

**School Office: 949-830-1461 | ESC: 949-837-4289 | [abidingsavior.com](http://abidingsavior.com)**



# SONSHINE DAY CAMP 2024

## FEE SCHEDULE

JUNE 17 - AUGUST 9

### 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 \$250 WEEK

MONDAY - FRIDAY 8AM - 3PM \$210 WEEK

WEEK 3 WEDNESDAY - FRIDAY \$210/\$170

### RATE OPTIONS:

DAILY RATE \$75

FIELD TRIP DAILY RATE \$85

### COUNSELOR IN TRAINING (CIT)

CIT 6th - 8th \$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



# SONSHINE DAY CAMP 2024

## JUNE 17 – AUGUST 9

### ATTENDANCE CONTRACT

*Please complete a separate attendance contract for each Camper*

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

**Grade in Fall '24:** \_\_\_\_\_

**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.): **\$250/\$210.**  
**Daily Rate:** \$75 | **Field Trip Daily Rate:** \$85.  
**Week 3 Rates:** \$210/\$170  
**\*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	
<b>WEEK 1: JUNE 17 - 21</b> ANIMAL KINGDOM Beach	☺ 7:00 am - 5:00 pm	☺ ALL WEEK	☺ Wednesday
	☺ 8:00 am - 3:00 pm	☺ Monday	☺ Thursday
<b>WEEK 2: JUNE 24 - 28</b> ROLL WITH IT Fountain Valley Skate	☺ 7:00 am - 5:00 pm	☺ ALL WEEK	☺ Wednesday
	☺ 8:00 am - 3:00 pm	☺ Monday	☺ Thursday
<b>WEEK 3: JULY 1-3</b> <b>(NO CAMP 7/4 &amp; 7/5)</b> AMERICA THE BEAUTIFUL Beach	☺ 7:00 am - 5:00 pm	☺ ALL WEEK	☺ Monday
	☺ 8:00 am - 3:00 pm		☺ Tuesday ☺ Wednesday
<b>WEEK 4: JULY 8-12</b> ALL FOR ONE & ONE FOR ALL Medieval Times	☺ 7:00 am - 5:00 pm	☺ ALL WEEK	☺ Wednesday
	☺ 8:00 am - 3:00 pm	☺ Monday	☺ Thursday
<b>WEEK 5: JULY 15-19</b> WARRIORS OF FAITH American Ninja Warrior Adventure Park	☺ 7:00 am - 5:00 pm	☺ ALL WEEK	☺ Wednesday
	☺ 8:00 am - 3:00 pm	☺ Monday	☺ Thursday
<b>WEEK 6: JULY 22-26</b> WAVES OF FUN Beach	☺ 7:00 am - 5:00 pm	☺ ALL WEEK	☺ Wednesday
	☺ 8:00 am - 3:00 pm	☺ Monday	☺ Thursday
<b>WEEK 7: JULY 29- AUGUST 2</b> VBS - SCUBA: Diving into friendship with God!	☺ 7:00 am - 5:00 pm	☺ ALL WEEK	☺ Wednesday
	☺ 8:00 am - 3:00 pm	☺ Monday	☺ Thursday
<b>WEEK 8: AUGUST 5-9</b> ALWAYS A GOOD TIME Orange County Fair	☺ 7:00 am - 5:00 pm	☺ ALL WEEK	☺ Wednesday
	☺ 8:00 am - 3:00 pm	☺ Monday	☺ Thursday
		☺ Tuesday	☺ 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 Sunshine Camp Director.



I agree to follow the policies and procedures of Abiding Savior’s Sunshine Camp 2024 Program.

I understand that I will be billed a \$75 registration fee per child unless payment is remitted with this attendance contract.

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

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.

**Please retain a copy of this contract for your records.**

**Parent’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR STAFF USE ONLY**

AMOUNT RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECK # \_\_\_\_\_ CASH RECEIPT # \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_



**ABIDING SAVIOR LUTHERAN SCHOOL  
SONSHINE DAY CAMP 2024  
AUTHORIZATIONS, CONSENTS, AND NOTIFICATIONS**

Child's Name: \_\_\_\_\_  
(Last) (First)

Child's Grade Fall 2024: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

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

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

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

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Child Lives with  Mother,  Father,  Both, Special Arrangements: \_\_\_\_\_

If a representative from Abiding Savior Lutheran School is unable to reach me in an emergency, he/she is authorized to contact and/or release my child to any of the following (must be 18 years or older):

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

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

I will notify the staff **IN WRITING** when a person other than those listed above will be picking my child(ren) up.

\_\_\_\_\_ PARENT INITIAL

I understand **ALL** children are to wear their **CAMP T-SHIRTS** on **EXCURSION DAYS!** (If a camper does not come wearing a camp shirt, one will be "Loaned" to the camper and the parent will be charged a \$5 fee for such service)

All campers will be required to always keep their camp shirt on while we are at the beach. We will transport our campers via school bus to T Street Beach in San Clemente, CA.

My child is \_\_\_\_\_ is NOT \_\_\_\_\_ water safe.

\_\_\_\_\_ PARENT INITIAL

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**



**ABIDING SAVIOR LUTHERAN SCHOOL  
SONSHINE DAY CAMP 2024  
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 Sunshine 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 SUSTAINS 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 number:** \_\_\_\_\_

**Hospital of preference and phone:** \_\_\_\_\_

**My child is allergic to the following medications and anesthetics:** \_\_\_\_\_  
\_\_\_\_\_

**Please list the 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**

=====  
**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 JUNE 17 – AUGUST 9, 2024 FIELD TRIP WAIVER

*Please complete a separate waiver for each camper*

## PLANNED EXCURSIONS:

JUNE	JULY	AUGUST
June 19 – T Street (San Clemente)	July 3 – T Street (San Clemente)	August 7 – Orange County Fair (Costa Mesa)
June 26 – Fountain Valley Skate Park (Fountain Valley)	July 10 – Medieval Times (Buena Park)	
	July 17 – American Ninja Warrior (Santa Ana)	
	July 24 – T Street (San Clemente)	

My child, \_\_\_\_\_, has permission to attend the Sunshine 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 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 that 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 \_\_\_\_\_