

AMAZING JOURNEY DAY CAMP

Fun With Living Water



Children born January 1, 2014 to June 30, 2021 are eligible to be campers.

When: Monday, July 7th to Friday, July 11th, 2025
9 am to 12 Noon

Where: St. Luke Cedar Hill Anglican Church Hall
3821 Cedar Hill Cross Road
Victoria, BC V8P 2M6

Cost: Early Bird Registration (Deadline June 8th, 2025)
\$50.00 first child
\$45.00 second child
\$40.00 third child

After June 8th, 2025
\$60.00 first child
\$55.00 second child
\$50.00 third and additional child

Registration Deadline: June 20th, 2025

Children with special needs may attend with an assistant.

On line registration form available at:
<https://www.jotform.com/build/241056421475250>

Completed registration forms can also be scanned and e-mailed to
amazing4kids17@gmail.com

E-transfers can be sent to: lutheranchurchofthecross@shaw.ca

Please include the names of your camper(s) in the message box on the e-transfer.

Registration forms (with payment) can be returned to:

St. Luke Cedar Hill Anglican Church: 3821 Cedar Hill Cross Rd, Victoria, BC V8P 2M6
Lutheran Church of the Cross: 3787 Cedar Hill Rd, Victoria, BC V8P 3Z4

Make cheques payable to: Lutheran Church of the Cross. Please write "Amazing Journey" on the memo line.

Any questions? Call 250-477-6741 (St. Luke's) or 250-477-6222 (Lutheran Church of the Cross)

AMAZING JOURNEY 2025 REGISTRATION FORM

Child's Name	Pronouns	Date of Birth (YY/MM/DD)	Grade Completed
1.			
2.			
3.			
4.			
Allergies, diet restrictions, health challenges or things we can do to make your child more comfortable at camp (e.g. being with a friend, having a quiet spot):			
We love it when caregivers volunteer at camp. Please indicate if you would like to help. I can volunteer during all the days at camp ____ I can volunteer on the following days _____ I can volunteer to help with set up or tear down of camp ____ I am unable to volunteer _____			
Parent(s)/Guardian(s) First and Last Name:			
Relation:			
Address:			
City:	Postal Code:	Primary Phone #:	Alternate Phone #:
E-mail:			
Contact # in case of emergency:	Name:	Relationship:	
	Primary Phone #:	Alternate Phone #:	
Person(s) picking child(ren) up	Note: Children will only be released to those listed on this form.		
	Name:	Name:	
	Primary Phone #:	Primary Phone #:	
How did you hear of this program?	St. Luke's ____ Lutheran Church of the Cross ____ (Pre) School ____ Name _____ E-Mail ____ Advertising ____ Where? _____ Friend ____ Attended Previous Years ____ Other (Specify) _____		
Photograph/Video permission: We intend to take pictures and video recordings during this event to be used for future promotion, including newsletters and on our websites. I <u>GIVE</u> permission for my child(ren) to be photographed/video recorded: Yes ____ No ____			
_____ Signature of Parent or Guardian		_____ Date	
In the event that your child requires medical attention, they will be transported to the nearest emergency center including by ambulance if necessary, and you will be responsible for any associated costs.			
Office Use Only	Paid ____	Early Registration ____	Regular ____ Amount Paid _____