



Visalia First Assembly Children's Ministries

3737 S. Akers Street
Visalia, California 93277
office 559.733.9070
fax 559.733.8321
www.v1agkids.com

Dear Parents,

Summer Kid's Camp is just around the corner. This year's camp for kids 8 years of age – those completing sixth grade, will take place on Saturday, June 30 – Tuesday, July 3, 2012 at Sugar Pine in Oakhurst, CA.

I would love for your child to join us for this awesome time of fellowship and spiritual growth. The cost of camp is \$309 and includes: registration, transportation, and meals. Receive a SPECIAL EARLY BIRD PRICE of \$259 if registration form and \$100 deposit are received on or before May 20.

- If the registration form and \$100 deposit are turned in on May 21 or later, the cost is \$309 and subject to space availability.
- Any remaining balances are due NO LATER THAN June 3.

I have enclosed a Summer Camp Flier with all the camp information you need as well as a Registration and Medical Consent Form. If you need help raising money for camp, our packets include a Fundraiser Information Sheet and a Send a Kid to Kids Camp form that your child may copy and use to obtain sponsorship from neighbors, relatives, etc.

I hope to see your child at camp this year. If I may be of further assistance, please feel free to call me at 559.733.9070, extension 123.

God bless,

Pastor Mark DiGirolamo
Executive Children's Pastor

MD/sw

Enclosures

Mark DiGirolamo
Executive Pastor / Children's Pastor
markd@v1ag.com



8 yrs old -
those who are
Completing
6th grade

A Registration Packet with fundraising information is available at the Children's Ministry Information Center or online at www.v1agkids.com

For more information, call the Children's Ministries Office at 733-9070 ext. 123

Saturday, June 30 - Tuesday, July 3
@ Sugar Pine in Oakhurst, CA



COST: \$309

Special Early Bird price only \$259

if registration form and \$100 deposit are received
on or before **May 20**

Registrations received after May 20
are subject to space availability

Any remaining balance is due
NO LATER than JUNE 3

Cost Includes: registration, transportation, & meals.
ACCEPTED FORMS OF PAYMENT:
Cash or Check made payable to VFA



Start saving money towards camp. Just mark "CM KIDS CAMP" on your offering envelope and include YOUR PAYMENT, CHILD'S NAME and your PHONE NUMBER.

Need help raising money? Check out fundraising opportunities in the packet. All money is refundable through June 1.

We need men & women Cabin Leaders. See Pastor Mark or call the church office if you are interested. Cabin Leader cost is paid for by the church.


You will receive a discount for your child,
if you attend as a Cabin Leader.



Visalia First Assembly Children's Ministries

SoCal Assemblies of God Kids Ministries
Summer Kids Camp 2012
Registration and Medical Consent Form
 All attending Campers must complete this form

START HERE



REGISTRATION INSTRUCTIONS:

Complete this form COMPLETELY. Print clearly. Only a Parent or Legal Guardian can sign this form.

COST: Contact your church for the cost of camp. Your church will register as a group with the District Office.

PHOTO: Large color group photo will be available and is optional to purchase. Photo is not to be paid with this registration form. NO PRE-CAMP ORDERS WILL BE ACCEPTED. Orders will be taken at camp. **Photo cost is \$10.00. A separate check is ok, MAKE PAYABLE TO SCDC.**

Camp Souvenirs: T-shirts, collector pins, hats and other such items may be available for purchase at camp.

Camp Attending:

Sugar Pine- June 30-July 3, 2012

INFORMATION

Camper is MALE FEMALE

CHOOSE ONE:

Child (8yrs- 6th grade)

Age

Entering School Grade

PLEASE PRINT CLEARLY:

Last Name: _____ First Name: _____ Home Phone Number: () _____
 Address: _____ City / Zip: _____ Email: _____
 Date of Birth: ____/____/____ Age: _____ Church City / Name: **First Assembly of God in Visalia** Sr. Pastor: **Mike Robertson**
 Emergency Contact: _____ Day Ph: () _____ Eve. Ph: () _____ Cell: () _____
 Relationship to Camper: _____ Family Doctor: _____ Dr. Telephone #: () _____

Check all that apply to Camper's Health:

- Heart Trouble - Asthma - Allergies - Seizures - Diabetes - Stomach Upset - Bleeding / Clotting

Any conditions or activity restrictions such as swimming, or running etc: (List All) _____

List all allergies including medication allergies -(attach additional sheet if necessary) _____

Additional important information regarding the welfare of this camper, such as diet restrictions, allergies, handicaps, communicable disease, etc: _____

Date of Last Tetanus Shot: ____/____

Medication Notification: All medications (prescription and over-the-counter) will be in the possession of the camp nurse at all times and will be administered by the camp nurse only. Failure to provide medications in original containers with the camper's name and correct prescription information on the bottle will be just cause for the camp nurse to refuse to administer the medications during the camp session. Medications that are past expiration date will not be administered. I have read and do understand the requirements for sending my camper with his/her required medications as prescribed.

By signing below, you and/or the parent or legal guardian of campers under the age of 18 agree to the camp guidelines / policies. If you have not received the **Parent Information, Guidelines and Policies** page, please ask your church to provide you with a copy of this important form.

Camp insurance: Begins where the individual's and/ or church's health and accident insurance policy(ies) terminate. It is only valid when other insurance(s) has been extended to the limits. In case of no personal or church insurance policy, the camp's policy will provide complete coverage within its limits for accidents only.

Is the camper covered by medical insurance plan? NO YES, complete the following information

Insurance Company: _____ Policy # and Campers Medical #: _____ Phone: () _____

In case of emergency: I hereby give permission to the Camp Director or Representative to select transportation to the camp's chosen physician who may hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child or for me (if over age 18) as named above on this Registration Medical Consent form.

Photo/Video Release: I hereby give consent for use of photographs or captured video of the person named above for the express purposes of camp promotional materials and/or the website for the SoCal Assemblies of God.

 _____
Signature Parent/Legal Guardian of Camper or Student Leader Under age 18 Relationship to Camper Date



NEED TO RAISE MONEY FOR CAMP?

We are offering several opportunities and ideas
for your child to raise money for camp:

BAKE SALES

MARCH 18, MARCH 25, & APRIL 1

Tables will be set out in the courtyard and you can bring baked goods to sell. You set the price and keep the money that you make. Space is limited so call the church office to sign up for a table. All tables will be shared.

SELL CANDYBARS

Purchase a box of candy bars at Costco and sell them for \$1 each.

SEND A KID TO KIDS CAMP SPONSORSHIP FORM

Copy and use the enclosed form to obtain sponsorship from neighbors, relatives, etc.

Send a Kid to Kids Camp
Will You Help Me Go To Kids Camp This Year?

Camper's First & Last Name: _____

ALL MONEY IS DUE AT TIME OF PLEDGING

\$5 \$10 \$15 \$20 \$ _____

Thank you for helping me raise my money for camp!

Sponsor Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Please Make Checks payable to VISALIA FIRST ASSEMBLY

Kids, turn in all money to Pastor Mark as soon as you have collected from your sponsors.

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