



**Register for 1, 2 or 3
weeks of summer
fun!**

Call of the Wild! Born to be Wild! Walking on the Wild Side!

**Week One
July 6-10, 2009**

**Week Two
July 13-17, 2009**

**Week Three
July 27-31, 2009***

**Notice there is a week break between weeks 2 & 3.*

To Register:

Please fax this registration form to (281) 485-2535

Or Mail it to:

**Camp Hope
3521 E. Orange St.
Pearland, TX 77581**

**Camp Hope
New Life Lutheran Church
3521 E. Orange St.
Pearland, TX 77581**

Postage
Required

**Camp Hope
New Life Lutheran Church
3521 E. Orange St.
Pearland, TX 77581**



What You Should Know!

Camp Hope Summer Day

Camp for children from Kindergarten—6th Grade

Camp Day

Alpha

(Opening Worship)

Manna

(Active Bible Study)

Small Group

Activities

Lunch

Sabbath
(Rest Time)

Small Group

Activities

Omega

(Closing Worship)

Small Group

Activities include games, crafts, snacks & expressive arts

Tuition:

A 50% non-refundable deposit is due with the registration form.

Family Discounts:

\$10 per week for each additional child(ren).
The first child will pay the full fee.

Scholarships:

Available by application through the youth office.

Day Camp: Youth who are 5 years old and will attend kindergarten in the fall, through 4th grade. An action packed day for school children which includes Bible Stories, crafts, games (indoor & outdoor), songs, & more. Campers are cared for by Small Group Leaders and Support Staff throughout the day.

Disciple Camp: Youth who have attended 5th & 6th grade. Pre-teens learn to serve God by helping others. Bible Study and crafts connect faith to their daily life.

Small Group Leader: Those who have completed 9th grade through young adults are invited to apply for paid staff positions. Each Small Group leader shares responsibility with a Support Staff Leader, facilitating a small group of 8—10 youth.

Support Staff: Those who have completed 7th grade on up are encouraged to volunteer at camp. Support Staff are vital to the camp staff.

Adult Mentors: Adults! Flexible schedules and those eager to assist youth leadership are needed each week at camp for a variety of ministry positions.

Children must be signed in and out each day by parents or guardians.

Before & After Care

Early - Before Camp (BC) 7:30 - 9:30 AM
\$10 per child each week.
Late - After Day (AD) 3:30 - 5:30 PM
\$10 per child each week.

A supervised play time is available for campers who need to arrive early or stay late. Register by the week.



Camp Food

Sack lunch should be brought from home each day.

Hot lunch is offered on Wednesday only. Please indicate on your registration form if you wish to purchase

Snacks are part of the camp program. The menu will be posted in the camp office.

Special Days at Camp Hope...

Splash Days

Tuesday & Thursday

Bring a bag with labeled change of clothes or swimsuit and towel!

T-shirt Day

Friday

Wear your camp T-shirt!

**Invite a friend, or two, or three, OR
MORE!**

Tuition:

A 50% non-refundable deposit is due with the registration form.

*\$65 per week

*Early Bird weekly rate- \$55 if you register by Sunday, May 17th

Family Discounts: \$10 per week for each additional child(ren).

The first child will pay the full fee.

There is a \$10 discount for registering for all three weeks!

Scholarships:

Available by application through the youth office.

Register for 1, 2 or 3 weeks of summer fun!

Call of the Wild!

Week One—July 6-10, 2009

Born to Be Wild!

Week Two—July 13-17, 2009

Walking on the Wild Side!

Week Three—July 27-31, 2009*

**Notice there is a week break between week 2 & 3.*

**Register by Sunday, May 17th to receive
the Early Bird Rate of \$50!**

CAMPER REGISTRATION FORM

Camper Name:				Name of Parents _____ _____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home # (____)____-____ Mom # (____)____-____ Dad # (____)____-____
Date of Birth:	/ /	/ /	/ /	Address _____ _____
Age / Grade Completed:	/	/	/	City _____ State ____ ZIP ____ Email _____
T-Shirt Size:	CS CM CL AS AM AL AXL	CS CM CL AS AM AL AXL	CS CM CL AS AM AL AXL	Home Church _____ Insurance Company (if none, please indicate as "N/A") _____
Medication (Dose/Time) & Allergies				Policy # _____ Phone # (____)____-____ Doctor Name _____ Emergency Contacts (If parents cannot be reached, please list day-time numbers) Name _____ Phone # (____)____-____ Relationship _____ Name _____ Phone # (____)____-____ Relationship _____
Attending Weeks: (\$65 per week) Before Camp 7:30-9:30 AM/ After Camp 3:30-6:00 PM: (\$10 each session) Hot Lunch: (Wed. only) \$5 per week	<input type="checkbox"/> Week 1 <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp <input type="checkbox"/> Lunch <input type="checkbox"/> Week 2 <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp <input type="checkbox"/> Lunch <input type="checkbox"/> Week 3 <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp <input type="checkbox"/> Lunch	<input type="checkbox"/> Week 1 <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp <input type="checkbox"/> Lunch <input type="checkbox"/> Week 2 <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp <input type="checkbox"/> Lunch <input type="checkbox"/> Week 3 <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp <input type="checkbox"/> Lunch	<input type="checkbox"/> Week 1 <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp <input type="checkbox"/> Lunch <input type="checkbox"/> Week 2 <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp <input type="checkbox"/> Lunch <input type="checkbox"/> Week 3 <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp <input type="checkbox"/> Lunch	
Picture CD:	\$5	\$5	\$5	Name _____ Phone # (____)____-____ Relationship _____
Sibling Discount:	1st child per family is \$65 per week - \$0	Additional siblings are \$55 per week - \$5	Additional siblings are \$55 per week - \$5	
3 Wk Discount:	-\$10	-\$10	-\$10	
Total Amount Due:	\$	\$	\$	The child registered on this form has my permission to participate in Camp Hope Ministries, Inc. during indicated sessions. I agree that New Life Lutheran Church and/or the ELCA will not be held responsible for accidents arising thereof. I am responsible for any medical obligations incurred during these camp activities and give the camp permission to seek treatment in case of injury or illness. I give permission for New Life Lutheran Church, Camp Hope Ministries, Inc., and/or the ELCA to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other media-related vehicles, any photographs, videos, audios or other material in which my child may have appeared, spoken, written or otherwise been represented. I understand that I am ultimately responsible for my child's behavior at camp and that they will be expected to sign and live by the camp covenant which states: <i>"I will show respect for God, others, and myself"</i> . I know that violation of this covenant can and will result in my child being removed from the program.
50% NON-Refundable Deposit:	\$	\$	\$	
Balance Due: (1st day of camp)	\$	\$	\$	

Parent or Guardian Signature / Date _____

MAKE CHECKS PAYABLE TO NEW LIFE LUTHERAN CHURCH