



## Amazing Journey Day Camp 2023

Children born January 1, 2012 to June 30, 2019 are eligible to be campers.

**When:** Monday, July 10<sup>th</sup> to Friday, July 14<sup>th</sup>, 2023

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

**Cost:** Early Bird Registration (Deadline May 31<sup>st</sup>, 2023)  
\$45.00 first child  
\$40.00 second child  
\$35.00 third child

After May 31<sup>st</sup>, 2023  
\$55.00 first child  
\$50.00 second child  
\$45.00 third and additional child

**Registration Deadline: June 25<sup>th</sup>, 2023**

**Children with special needs may attend with an assistant.**

**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

St. George's Anglican Church: 3909 St. George's Ln, Victoria, BC V8N 4E3

Completed registration forms can also be scanned and e-mailed to  
[amazing4kids17@gmail.com](mailto:amazing4kids17@gmail.com)

On line registration form available at: <https://www.jotform.com/build/201096136801246>

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

If you wish to make an e-transfer please contact Lutheran Church of the Cross at  
[lutheranchurchofthecross@shaw.ca](mailto:lutheranchurchofthecross@shaw.ca) or call 250-477-6222

Visit our Facebook page at Amazing Journey Summer Day Camp at:  
<https://www.facebook.com/amazingjourneysummerncamp/>

# AMAZING JOURNEY 2023 REGISTRATION FORM

Child's Name	Pronoun	Date of Birth (YY/MM/DD)	Grade Completed
1.			
2.			
3.			
4.			
Allergies, diet restrictions, or health challenges: (list individually for each child)			
Things we can do to make your child more comfortable at camp (eg being with a friend, having a quiet spot):			
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	<b>Note: Children will only be released to those listed on this form.</b>		
	Name:	Name:	
	Primary Phone #:	Primary Phone #:	
How did you hear of this program?	St. George's ____ 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 _____