

**Greetings Parents!** Amazing Grace Community Church is excited to offer this 10 week adventure program to children - AT NO COST - Ages: Entering Grades K-6 Fall of 2022. **At this point, we are going to offer this daycare Tuesdays only**

This is the mission of our Summer AGAPE program - to give parents an alternative to their children looking at an electronic device for three months. We anticipate having these activity choices: music, drama, games, science, arts/crafts, reading, drawing, as well as special activities throughout the summer. Our adventurers will spend a good portion of the day outside, getting exercise, sunshine and fresh air in our beautiful mountain community. **Character traits we will focus on teaching include: honesty, courage, peace, patience, kindness, obedience, love, self-control, wisdom, generosity, and forgiveness.**

Please fill out the registration/permission info below and bring to church on Sunday or email to [connect@amazinggraceco.org](mailto:connect@amazinggraceco.org) as soon as possible because we are limiting camp to 25 kids.

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Child Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ DOB: \_\_\_\_\_

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Email to send registration confirmation: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Parent Name/Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Is one parent/grandparent available to help Tuesday morning or afternoon (circle one)?

Allergies/Special Needs/Medical Instructions/Dosages: \_\_\_\_\_

\_\_\_\_\_  
I hereby give permission for my child(ren) to participate in all scheduled games and activities including but not limited to riding to and from the community park on a hay wagon/flatbed trailer. Furthermore, my signature on this form shall release Amazing Grace Community Church, Pastor Mark Disbrow, and all camp leaders/volunteers from any and all liability in case an accident were to occur. I authorize AGCC to seek professional emergency personnel to attend, transport, and treat my child and to consent to any medical care deemed necessary by a licensed medical professional. **I also understand that electronic devices such as cell phones and video games will not be allowed at camp.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Videos and photographs of my child may be taken and used to promote AGCC Children's Ministry, including social media: \_\_\_\_\_(initial)