

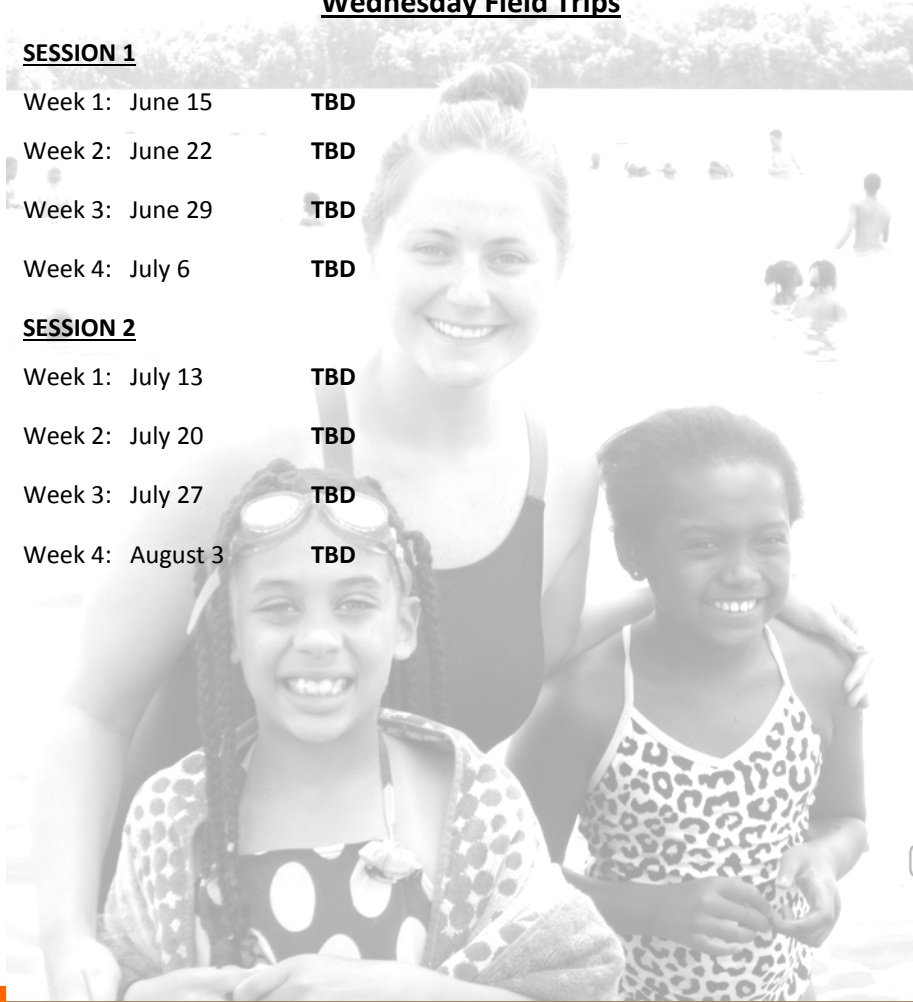
Wednesday Field Trips

SESSION 1

- Week 1: June 15 TBD
- Week 2: June 22 TBD
- Week 3: June 29 TBD
- Week 4: July 6 TBD

SESSION 2

- Week 1: July 13 TBD
- Week 2: July 20 TBD
- Week 3: July 27 TBD
- Week 4: August 3 TBD



Camp Registration Deadline: Friday, April 29, 2016

Send Registration Forms To:

Camp Hope—Summer Youth Enrichment Program

14940 Old Colonial Road
 Bloomington, IL 61705-5979
 Phone (309) 827-2009
 Fax (309) 827-2127



Camp Hope Summer Enrichment Program does not discriminate on the basis of race, color, national origin, sex, handicap, or age. Questions may be referred to the Camp Director.

Camp Hope



Summer Program

Youth 6-14yrs

2016

Spend Your Summer With Us!



Session 1: June 13-July 8
Session 2: July 11-August 5
7:30am-4:30pm, daily
Ages 6-14 years

Center for Hope Ministries
14940 Old Colonial Road
Bloomington, Illinois
61705-5979



For registration information:

Website: www.cfhministries.org/camphope
 Phone: (309) 827-2009
 E-mail: info@cfhministries.org
 Fax: (309) 827-2127

CAMP HOPE

Summer Youth Enrichment Program



Camp Hope is an 8-week summer adventure and enrichment program. It is designed to offer fun, high quality programs that promote leadership, collaboration, and youth development through enriching activities, unique experiences,

and positive relationships with adults and peers. Some of our weekly activities include swimming, music and drama, sports, public speaking, Business Bitties, indoor/outdoor games, local field trips and community service opportunities.

Guests such as award-winning athletes, government officials, educators, storytellers, dance instructors, and local artists have been invited to share their expertise with our campers.

Special out-of-town trips are scheduled every Wednesday. These trips may include, but are not limited to, attractions in: Peoria, Springfield, Champaign, Decatur, St. Louis & Chicago.



⇨ **CAMP REGISTRATION DEADLINE: Friday, April 29, 2016** ⇩

SCHEDULE:

Session#1—June 13-July 8

*no camp on Monday, July 4

Session #2—July 11-August 5

HOURS:

M-F; 7:30 am—4:30 pm daily



AFTER-CAMP CARE:

\$5/day—pre-registered families

4:30 pm—5:30 pm daily



AGE DIVISIONS:

- BINOS: 6yrs—8yrs
- BITTIES: 9yrs—11yrs
- BOPPERS: 12yrs—14yrs

WHAT TO BRING:

- Labeled water bottle
- Sneakers
- Swimsuit & Towel—Swim Days
- Packed Lunch



COST: **\$20.00 non-refundable Registration Fee with each application
4-week session—\$380 for 1st camper in family; \$340 for each addtl. camper
8-week session—\$760 for first camper in family; \$680 for addtl. campers.

PAYMENT OPTIONS:

Plan A— Payment in full by 5/6/16

Plan B— Half payment 5/6/16; Remaining balance 6/3/16

Plan C— (Must be registered for BOTH sessions) Bi-weekly payments, 5/27/16

- 5% discount for payment in full by Friday, 4/8/16

- Tuition assistance applications available online. Deadline: Friday, 4/8/16

LATE PICK-UP:

If you are not pre-registered for After-Camp Care, you will be charged \$5 for every 15 minutes your child remains past the stated ending time of the camp.

AGE GUIDELINES:

Campers must be at least 6 years of age by August 31, 2016.

WEEKLY UPDATE:

A weekly update will be available on camphopefamily.shutterfly.com.

FREE BREAKFAST:

CFH Ministries will be serving free breakfast to campers. Breakfast will be served 8:00AM-8:30AM, daily.

BRING YOUR OWN SACK LUNCH

Campers must bring their own sack lunch, daily.

SNACKS:

Camp Hope will provide PM snacks, daily.

SUMMER CAMP REGISTRATION FORM pg.1

Quick Camper Info Sheet

Camper Group (Circle.):

Bino (6-8yrs)

Bittie (9-11yrs)

Bopper (12-14yrs)

Camper's Name: _____ **M / F**

Age by Camp: _____ **D.O.B.:** _____ **Allergies:** _____

Medications Taken During Camp Hours:

Med. Name _____ **Dosage** _____ **Time** _____

#1 Guardian's Name: _____

Cell #1: _____ **Work #1:** _____

#2 Guardian's Name: _____

Cell #2: _____ **Work #2:** _____

Independent Swimmer? YES / NO

T-shirt Size (Circle.): *YM YL AS AM AL AXL* **Number Ordered:** _____

Registered for (Circle.):

BOTH Sessions

Session 1 only

Session 2 only

SUMMER CAMP REGISTRATION FORM *pg.2*

An Individual Form Is Required For Each Camper.

REGISTRATION:

- Registration opens Tuesday, September 15, 2015
- We accept cash, checks, or you can pay online at centerforhopeministries.org/camphope
- Please make checks payable to "CFH Ministries"
- Registration Deadline for **all sessions**: Friday, April 29, 2016

CAMPER INFORMATION (PLEASE PRINT.):

Camper _____ Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Primary E-mail address: _____

Will you need After Camp Care? YES / NO Is camper an independent swimmer? YES / NO

♦ **Emergency Contact #1** (other than parent) _____

Relationship to Camper _____ Cell Phone (____) _____ - _____

♦ **Emergency Contact #2** (other than parent) _____

Relationship to Camper _____ Cell Phone (____) _____ - _____

PAYMENT OPTIONS (Please Circle):

Plan A— Payment in full by May 6, 2016

Plan B— Half payment May 6, 2016; Remaining balance June 3, 2016

Plan C*— Bi-weekly payments, beg, May 27, 2016 *(Registered for BOTH sessions only)

For Office Use Only:

\$20 App. Fee Pd. _____ (intls) Cash/Paypal/Check# _____ Date: _____

Payment Option: A B C* Session: 1 2 Both

Amt. Paid Toward Tuition: \$ _____ Remaining Balance: \$ _____

SUMMER CAMP REGISTRATION FORM *pg.3*

MEDIA POLICY:

I hereby grant permission for my and/or my child's image and/or voice recording to be used in CFH Ministries publications for promoting programs operated or sponsored by the ministry.

Parent Signature _____ Date _____

MEDICAL RELEASE:

In the event of an emergency, I give permission for Camp Hope staff to secure medical treatment for my child.

Child's Name _____

Doctor's Name _____ Dr.'s Phone # _____

Medical Insurance Company _____

Group # _____ ID# _____

Special medical conditions _____

Current medications _____

Allergies _____ Hospital Preference _____

STATEMENT OF WAIVER:

I hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify CFH Ministries, camp staff, volunteers, and/or guest speakers from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by CFH Ministries. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission.

As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualifications to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activities and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance.

By signing this form, you agree that you have read and understand all of the policies and agreements included in the Summer Camp brochure.

Parent Signature _____ Date _____