



The Camp Day includes:

- Alpha (Opening Worship)
- Manna (Active Bible Study)
- Small Group*
- Lunch
- Sabbath (Rest Time)
- Small Group*
- Omega (Closing Worship)

*Small Group

Activities include games, crafts, snacks & expressive arts

\$90

\$100

After June 4

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

Family Discounts: \$5 per week for each additional child(ren). The first child will pay the full fee.

Questions?

Contact: (702)263-0802

2 S. Pecos Road
Henderson, NV
89074

www.cslconline.org



Camp Hope 2024

June 10-14

June 17-21

Day Camp: Youth who are 5 years old, and have completed kindergarten in the fall, through 4th grade are invited to Day Camp. Expect an action packed day for school children which includes Bible Stories, crafts, games (indoor & outdoor), songs, & more. Campers are cared for by trained High School and College-age Small Group Leaders and Support Staff.

Disciple Camp: Youth who have completed 5th grade or younger than 13 are Disciple Campers. Pre-teens learn to serve God by helping others. Bible Study and crafts connect faith to 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 is trained and shares responsibility with a Support Staff Leader. They will facilitate a small group of 8-10 children.

Support Staff: Those 13 years old and up are encouraged to volunteer at camp. Support Staff are vital to the camp staff.

Notes for Mom and Dad

Sign in: For their protection, children must be signed in and out by an adult each day.

Food at Camp: A **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 lunch. Snacks are provided as part of the camp program. The menu will be posted in the camp office.

Special Days include:

Splash Days are Tuesday & Thursday - Bring a change of clothes or swimsuit and towel!
Camp Hope T-shirt Days are on Monday & Friday.

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

Early - Before Camp (BC) 7:30 - 9:30 AM	\$20 per child each week.
Late - After Day (AD) 3:30 - 5:30 PM	\$20 per child each week.



CAMPER REGISTRATION FORM

CAMP HOPE MINISTRIES, INC

NOTES:

Early Bird Savings

\$90

If you register by:

June 4

\$100 After June 4

Invite your friends to camp!

Christ the Servant
2 S. Pecos Road
Henderson, NV
89074
702-263-0802
cslonline.org

Camper's Name: _____ Gender: Male Female

Date of Birth: (mm/dd/yy) ___ / ___ / ___

Age / Grade Completed: ___ / ___

Medication: _____

Dose / Time: ___ / ___

(Provide to Manager in original container with medication form.) If your child takes any form of medication regularly during school, we request that they be taken during Camp Hope as well. Allergies or Dietary Restrictions: _____

T-Shirt Size
(please circle one)
Child **S M L**
Adult **S M L XL**

Attending Camp Hope Week (s)

Check all that apply

Week 1 June 10-14

Week 2 June 17-21

Rate per week \$ _____

Early Bird weekly rate

\$ _____

Attending Before Camp (BC) and/or After Day (AD)

Before Camp (BC) _____

After Day (AD) _____

Before Camp & After Day are \$ _____ each per week

Hot Lunch — Wednesday Only

Menu: _____

Cost is \$ _____ for each week

Week 1 Week 2

Family Discount:

If you are registering more than one child, you receive a \$5 sibling discount for each child.

Total Amount Due _____

50% NON-REFUNDABLE Deposit
(Please attach payment to this form) _____

Balance Due
(on the first day of each camp week) _____

Scholarships available by request.

Make Checks payable to: _____

CAMPER REGISTRATION FORM

CAMP HOPE

**PLEASE COMPLETE BOTH SIDES OF THIS FORM.
Do not leave any blanks empty—for your child's safety!**

Name of Parents _____ Home # _____

Mom Work/Cell # _____ Dad Work/Cell # _____

Mom's email address _____ Dad's email address _____

Mailing Address _____

City _____ State _____ Zip _____

Where do you worship? (Name of congregation, if any.) _____

Insurance Company (if none, please indicate as n/a) Policy# _____ Phone _____

Dr.'s Name _____ Phone _____

Emergency Contact if parent cannot be reached. Please list daytime or cell numbers.

Name	Phone	Relationship
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The child registered on this form has my permission to participate in Camp Hope Ministries during indicated sessions. I agree that Christ the Servant Lutheran Church, Camp Hope, LEAD 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 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 will show respect for God, others, and myself." I know that violation of this covenant can and will result in my child being removed from the program.

I give permission for Christ the Servant Lutheran Church, Camp Hope Ministries, LEAD 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.

Parent or Guardian Signature / Date _____

CAMP HOPE MINISTRIES, INC