

Fishy Tales and Music Scales Day Dreamers Creative Arts Program • July 31-August 4, 2017

Program Description

Young minds will engage their imaginations through song, movement, and mindfulness, while empowering the creative spirit. Our mission is to empower children to recognize their inner light through theatre, art, and music, in a fun, non-competitive environment.

At this camp, your child will experience a variety of ways to develop creative expression, self-empowerment, teamwork, musical skills, performance and recording skills, movement and story-telling. This camp will be facilitated by outstanding performing arts instructors including Claudia Carawan, Kelley Lane, Patricia Ali, Valorie Kay and other experienced instructors and volunteers. *(All instructors and volunteers have completed background checks.)*

Your child will experience:

- A warm and welcoming environment
- Fun and engaging group activities
- Creating centering skills
- Learning about different instruments and music
- Casting, creating, and rehearsing a musical performance
- Spiritual growth and transformation
- Both indoor and outdoor activities
- **Peanut and nut free** snacks provided

Where: Unity of Bon Air, 923 Buford Road, North Chesterfield, Virginia 23235

When: July 31-Aug. 4, 2017, Monday-Friday, 9:00am to 3:30pm
There will be a Friday, August 4th performance for parents and families at 2:30pm.

Who: This program is for children entering 1st to 5th grades

Camp Days

- Check in is at 8:45am Monday-Friday
- Camp ends at 3:30pm. Children must be picked up no later than 3:45pm.
- **ALL PERSONS** registering for the Camp are committing to be in attendance for the entire week and for the performance on Friday morning.

What to Bring

- A bag lunch that is **peanut and nut free**
- Comfortable clothing for both indoor and outdoor and art activities
- Covered refillable water bottle
- Necessary emergency medical items such as EpiPens
- Please leave iPods, electronics, cell phones, etc. at home

Neither camp leaders nor Unity of Bon Air will be responsible for lost or stolen items.

Registration Form



Day Dreamers Creative Arts Program



July 31 – August 4, 2017

Please complete this form in **INK**, and please print **CLEARLY**.

Participant Name: _____ Birth Date: ____/____/____

Male Female Age: _____

Parent/Legal Guardian: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Home phone: (____) _____ Work/Mobile: (____) _____

E-mail: _____

Emergency contact(s) if parent cannot be reached:

Relationship: _____ Phone: (____) _____

Please note if your child has any allergies (peanut, etc.) _____

T-SHIRT SIZE: Youth XS Youth S Youth M Youth L Adult XS Adult S Adult M

Deposit/Payment: Credit card payment accepted at: unitybonair.org/2017-summer-camp. Checks payable to Unity of Bon Air.

- \$65 non-refundable deposit per child.
- \$165 early bird per child (early bird discount ends April 16, 2017 (\$100 balance due by July 10, 2017))
- \$195 per child (\$130 balance due by July 10, 2017)
- \$175 per child if registering two or more kids at the same time (\$110 balance due by July 10, 2017)

PARENT/GUARDIAN APPROVAL (Parents or guardians of **ALL** children must sign). My signature below indicates approval for my child to attend the above named Day Dreamers Creative Arts Program Summer Camp at Unity of Bon Air. I understand my \$65 deposit is non-refundable. I understand I will forfeit my child's spot in the camp if any balance is not paid by July 10, 2017.

Completed Registration, Medical Release and Heart agreement forms and/or checks can be mailed to:
Unity Bon Air, Attn: July 2017 Summer Camp, 923 Buford Road, North Chesterfield, VA 23235.
Or e-mailed to Valorie Kay at: education@unitybonair.org
<http://www.unitybonair.org/day-dreamers-creative-arts-camp>

If you intend to drop off the forms and payment at Unity of Bon Air, please be sure that you hand them to a member of the Office Staff. Church office hours are: Monday through Friday, 8:30am – 4:30pm.

Youth and Adult Medical/Liability Release



Participant Name: _____ Birth Date: ____/____/____

Male Female Age: _____

Parent/Legal Guardian: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Home phone: (____) _____ Work/Mobile: (____) _____

E-mail: _____

Emergency contact(s) if parent cannot be reached: _____

Relationship: _____ Phone: (____) _____

Please note if your child has any allergies (peanut, etc.) _____

I certify that the above named participant is in good health and able to participate in all normal activities of the group.

Yes No If no, specify limits of participation: _____

Is the participant allergic to any substance, food or medication? Yes No If yes, please specify: _____

Is the participant currently under a doctor's supervision for: Epilepsy Diabetes Asthma ADD/ADHD

Please list any other medical conditions: _____

Please list ALL current medications, including dosage and frequency: _____

Date of last Tetanus shot: ____/____/____

Group leaders must be informed of any prescription medication brought by the participant, with clear directions as to proper use and dosage. If the medication is "as needed", the participant must understand the symptoms of their condition and know when to ask for help.

Insurance Information, Medical Consent and Liability Release

Primary Care Physician (Name and Phone Number: _____

Medical Insurance Company: _____ ID #: _____

Policy Holder Name: _____ Group #: _____

Phone Number to verify coverage or submit claim: (____) _____

Insurance Information, Medical Consent and Liability Release (page 2)

Participant Name: _____

As the legal guardian of the participant, I hereby attest that I have read this complete document and that all information provided here is completed and true. I have legal standing to make decisions which affect the rights of the above named participant. I understand and consent to all terms outlined on all pages of this document (including release of photographic images and personal information as described herein).

I hereby voluntarily and knowingly assume all risks and damages inherent and incidental to Youth Ministry activities and travel, understanding that some activities might pose a risk of injury. I will not hold liable the Church, the Eastern Region Association of Unity Churches and/or the Association of Unity Churches, their employees, agents and event group leaders for injury, illness or property damage involving the above named participant, no matter how caused. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or to providing other medical services and, unless covered by insurance, agree to pay for the same. If the above named participant is incapacitated, I do hereby authorize group leaders as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by a licensed Physician or Surgeon.

Photography Release: I hereby grant Unity of Bon Air, Unity Worldwide Ministries Eastern Region, Association of Unity Churches, Unity and its representative permission to use, without compensation or restriction, photographs and videotape images (from local and regional Unity events) in which the participant appears, in any manner whatsoever, such as, but not limited to: publication, display, website, advertising, slide shows, etc.

Confidentiality Release: I understand that any health information on this form will only be shared as needed with group leaders, church staff and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to any outside organization. However, since it is common practice for the Church (or Eastern Region) to publish a participant's phone and e-mail if they actively participate in the group (or attend a regional event), I authorize the Church (and Eastern Region) to publish such information on a local (or event) roster, EXCEPT for the following (please specify): _____

I understand it is my responsibility to notify group leaders if any information changes.

Signature of Participant or Parent/Guardian

Date

Printed Name

Thank you for your help in creating a safe and wonderful Summer Camp experience for all!

Reminder: Participants need to bring a bag lunch that is peanut and nut free.



Unity of Bon Air DAY DREAMERS HEART AGREEMENT ♦ July 31 – August 4, 2017

Participant Name: _____

1. I agree to look for the highest good in all and to fully participate with the group in all scheduled activities.
2. I will attend the camp to be with the entire group as a friend. I will support and show proper respect for myself, my fellow students, and the group leaders. Specifically I agree:
 - a. To listen while others are talking
 - b. To practice centering during meditation time.
 - c. To NOT take part in put downs, pranks, or judgments of others or myself.
 - d. To use only language, jokes, or music that will NOT offend others.
3. I agree to respect the facilities, vehicles, equipment, environment, and everyone’s personal belongings. I agree to follow directions and remain in the designated areas unless authorized for special leave by a group leader.
4. I agree to abstain from harmful substances and behavior.
5. I agree to refrain from aggressive rough-housing, fighting, and other inappropriate physical contact.
6. I agree not to bring any articles that would interfere with the space and safety of others or that would cause a disturbance, such as skateboards, water pistols, electronic games, etc.
7. I will refrain from using my cell phone during the camp unless I have received permission to do so by a leader for a specific reason. I understand that this includes texting.
8. If I show that I do not understand what “appropriate behavior” is in this group setting, I will respect the authority of the group leaders to lay out more specific guidelines for me or remove me from the group until I am ready to honor all agreements.

I understand that these agreements are necessary for everyone’s benefit, including my own, and I recognize my responsibilities as a summer camp participant.

Participant Signature	Date
------------------------------	-------------

Parent’s Agreement: I have gone over the above agreement with my child. Should he or she continuously or seriously violate this agreement, I will cooperate with the event leaders to arrange for immediate transportation home for my child, at my expense.

Parent/Guardian Signature	Date
----------------------------------	-------------

Please keep a copy of all forms for your records.