ST. LEON CHURCH
SOUND of
CHILDREN
SUMMER CAMP

MUSICAL AND CULTURAL SUMMER CAMP
FOR CHILDREN AGES 4 TO 14
JUNE 10 - JULY 19, 2019
FROM 8:30 AM TO 3:30 PM

OPEN HOUSE
FRIDAY
MAY 10 @ 6PM

THIS YEAR’S CULTURAL PROGRAM
IS DEDICATED TO IDENTITY AWARENESS

WHO AM I?

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This year’s program includes:
Armenian Language classes & Cultural Awareness
Music lessons
Dance & Chess Classes
Arts & Crafts
Cooking Classes & Science Lab
Water Park, Petting Zoo, Magic & Talent Shows

ALL MEALS ARE HOMEMADE AND INCLUDED IN THE PRICE

CONTACT
818.558.7474

REGISTER ONLINE
www.wdacna.com

WESTERN DIOCESE
OF THE ARMENIAN CHURCH
3325 N. GLENOAKS BLVD.
BURBANK, CA 91504

WEWKLY PRICE $225
PROGRAM HOURS
8:30AM TO 3:30PM
SIBLING DISCOUNT
St. Leon Church “Sound of Children” Summer Program

St. Leon Church “Sound of Children” Summer Program was created to promote Art and Music into our children’s lives and make them appreciate it and welcome it into their lives.

Our children today are deprived from many cultural and important values that Art and Music can establish into their lives. By introducing these important elements from early age will help them be better humans and enlarge their capabilities in life. It will also boost their self-recognition and shape them by creating caring individuals with kinder souls.

We are happy to introduce a “Musical and Armenian Cultural” summer program to all the children from ages 4-14. The program hours are from 8:30AM to 3:30 PM 5 days a week. The program runs for 6 weeks starting on June 10 thru July 19.

We carefully chose this year’s theme to be about identity awareness and cultural knowledge. Like past two years, this year also, each week will be dedicated to one great artist or a theme. That week, our children will learn about that artist’s creative life and can be able to sing or recite their works.

This year, Armenians throughout the world are celebrating the 150th anniversary of great Armenian poet Hovhannes Tumanyan and a great musician/composer and priest Komidas Vardapet. At the end of our summer program, our children will have a musical production dedicated to these great Artists, who have shaped the beautiful Armenian culture and will continue to warm hearts and souls of our people for many more years to come.

Daily Armenian language classes, music, science, and arts and crafts for all participants will be included.

Meals and Nutrition is very important for us, therefore, our children will be served breakfast, snacks and lunch daily. All meals will be made daily fresh and will include fresh fruits and vegetables.

We will have other physical activities as well, such as, sport games, daily exercises, cooking classes, petting zoo, magic shows and other games.

Academics including Math and English will be provided as needed for extra fee.

We are very excited about our program and we hope to make it a success.

Thank you,

Sirvart (Sylvia) Kavoukjian
Director
St. Leon Armenian Church “Sound of Children”
2019 Summer Program
(information sheet)

When: June 10 – July 19, 2019 (6 – weeks)

Who: 4-14 years old boys and girls

Where: St. Leon Armenian Cathedral grounds
3325 N Glenoaks Blvd
Burbank, CA 91504
(818) 558–7474

What: Music and cultural program, songs, activities, play, crafts, sport activities, cooking, chess, ethics, Armenian and religion classes

Food: All healthy meals (Breakfast, Lunch and 2 healthy snacks) included in the price

Price:

Program Hours 8:30AM to 3:30PM
$225.00 a week
Sibling discount
Full course discount additional

What to bring: Children 5 and younger, pillow and sheet for nap time
Please bring your own water bottle and towel
On water game days please bring swim suit and extra towel
St. Leon Armenian Church “Sound of Children”
For the Summer of 2019
(Registration form)

Student Name ________________________________________________ Age: _________________
Father’s Name __________________________ Mother’s Name______________________________
Address: _________________________________________________________________________
City and zip _______________________________________________________________________
Home Phone __________________________ Cell phone________________________ Emergency phone________________
Email Address _______________________________________________________________________

Check the summer program of your choice

Program Hours  □  $225.00 per week (8:30am to 3:30pm)

Additional Sibling Discount ____________ Full Course Discount ____________ Other discount_______
$10 off for each additional child $20 for each week discount

Number of Week (s)* ___  Sibling(s) Name in Summer Camp _______________________________

1st week (June 10-June 14)  □  2nd week (June 17-June 21)  □  3rd week (June 24-June 28)  □
4th week (July 1-July 5)  □  5th week (July 8-July 12)  □  6th week (July 15-July 19)  □

*Summer Camp is closed on July 4, 2019

Payment options:  Total payments received _________________

Check # ______ Cash _____ Credit Card _____ Number __________________________ Security Code_____
Cardholder’s Name______________________________ Exp Date__________
Cardholder’s Signature______________________________ Date__________
Parent’s Signature________________________________ Date__________

$50.00 Registration Fee Per Child (Includes 2 T-Shirts)
All Payments are Non-Refundable and MUST BE PAID IN ADVANCE
Credit Card Processing Fee Applies
St. Leon Church “Sound of Children”
Summer Program
EMERGENCY RELEASE FORM

I (We) the undersigned parent(s) or legal guardian of ___________________________________ D.O.B. __________ minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general supervision of any member of the medical staff and Emergency Room staff licensed under the provisions of the California Medicine Practice Act or a dentist licensed under the provisions of the dental Practice Act, and on the staff of any acute general hospital holding a current license for operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care, which the aforementioned physicians in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

PHYSICIAN’S NAME AND PHONE NUMBER _____________________________________________________

HEALTH INSURANCE CARRIER NAME_____________________________ POLICY NUMBER____________

Any special medication taken/allergies or important information/comments:
_____________________________________________________________________________________
_____________________________________________________________________________________

I understand that emergency information is required by the St. Leon Church “The Sound of Children” Summer Program for the release and treatment of my child for any problem requiring possible emergency action. It is my responsibility to notify the school IMMEDIATELY of any change.

PARENT/GUARDIAN SIGNATURE ________________________________ DATE __________________________

PRINT PARENT NAME ——————————————————————————————————————
St. Leon Church “Sound of Children”
Summer Program
PHOTO AND EMERGENCY PICK UP RELEASE FORM

I hereby grant St. Leon Armenian Apostolic Church (Sound of Children) permission to use my child(s) likeness in photographs and/or video in any and all of its publications, including Web space, and in any and all other media, whether now known or hereafter existing, controlled by St. Leon Armenian Church, in perpetuity, and for other use by the Summer Program. I will make no monetary or other claim against St. Peter Armenian Church Summer Program for the use of the photographs and/or video.

Student(s) Name (print full name)____________________________________________________________

Parent’s Name (print full name)__________________________________Signature____________________

Date_____________________

IN CASE OF EMERGENCY

Emergency Contact ______________________________________________________________
Relationship____________________________________ Phone_____________________________

Special Notes _____________________________________________________________________

AUTHORIZED PEOPLE TO PICK UP CHILD

1) Name__________________________Relationship_________________Phone__________________
2) Name__________________________Relationship_________________Phone__________________
3) Name__________________________Relationship_________________Phone__________________
St. Leon Armenian Church “Sound of Children” Summer Program
LIABILITY RELEASE FORM
Release of All Claims

In consideration for being accepted by St. Leon Armenian Apostolic Church (St. Leon) for participating in St. Leon Armenian Church “Sound of Children” Year Round Program, we being 21 years of age or older, for ourselves, and for and on behalf of our child-participant if our child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless St. Leon Armenian Apostolic Church, and its officers, directors, members, agents, servants, volunteers, and employees from any and all liability, claims or demands for personal injury, sickness or death, as well as expenses, of any nature whatsoever, which may be incurred by the undersigned and/or the child-participant that we incur while our child-participant is participating in the above described activity.

Furthermore, we for ourselves and on behalf of our child-participant if under the age of 21 years hereby assume all risk of personal injury, sickness, death, damage and expense arising from participation in recreation and activities involved in the program. Further, we give authorization and permission to St. Leon Church to furnish any necessary transportation, food and lodging for the participant for the program activities.

The undersigned agree(s) to hold harmless and indemnify, on behalf of signor and named participant, St. Leon Armenian Apostolic Church, its officers, directors, members, agents, servants, volunteers, and employees, for any damages, or third-party claims for indemnity, sustained by St. Peter as the result of the negligent, willful or intentional acts of the undersigned participant, including any expenses incurred by St. Leon related to such acts.

Unless this document is signed by a participant who is over 21 years old, by signing below my signature confirms I am the parent or legal guardian of the participant. I grant permission for him/her to participate fully in any activities during this program. By signing below, I give permission to St. Leon and/or its agent(s) to take the named participant to a doctor or hospital if a medical emergency occurs. If I or my designated emergency contact cannot be reached by telephone or other means in a reasonable amount of time, or in an emergency situation where time is of the essence, I authorize medical treatment, including but not limited to emergency surgery or medical treatment, to stabilize the participant if needed, and I assume the responsibility of any medical bills arising from that treatment. Further, if circumstances require the participant to leave the program for the day due to medical reasons, disciplinary action or otherwise, the undersigned hereby assumes responsibility for all transportation costs.

The use of plurals such as “we, ourselves,” etc., is intended to also encompass the singular and should be read as “myself” etc., where appropriate.

Type or print name of Participant

Participant’s Physician:

Name of Practice:

Physician’s phone:

Parent or Guardian home phone       work phone

Hospital Insurance □Yes □No

Insurance Company:

Name & Relationship

phone number

Policy Number

Name & Relationship

phone number

Emergency Contacts: (when parent or guardian is unavailable)

Hospital Insurance □Yes □No

Insurance Company:

Name & Relationship

phone number

Policy Number

Name & Relationship

phone number

Signatures

Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

Father’s Signature

Mother’s Signature

Legal Guardian’s Signature

Participant’s Signature