

Summer Of Hope: Under the Sea

Registration Form 2025

Hello, parents!

We want to thank you for trusting us to take care of your child as we embark on our under the sea adventure.

This year, Summer of Hope campers will become oceanographers while they learn about different oceans and what they contain under the surface. Every week, we will be learning more about the ocean, ocean animals, and also going on fun adventures off campus. The kids will be able to work on some "core skills" to help them in the classroom next school year, while also interacting and having fun with other children.

Our Summer of Hope staff members are looking forward to working with your campers and can't wait to see some new and familiar faces this summer

If you have any questions, comments, or concerns, feel free to email me at sac@hopeglendora.org. We are looking forward to a summer filled with adventure!!

Kindest regards,

Ellie Nguyen

School Age Care Director

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Here is the outline for the Summer of Hope season from June 2nd to August 1st, 2025:

Please note: field trips are on a tentative basis and are subject to change.

WEEK 1: June 2, 2025 - June 6, 2025 - The Five Oceans of the World

Field trips to be included:

- Kid's Empire
- Glendora Public Library & Finkbiner Park

WEEK 2: June 9, 2025 - June 13, 2025 - Epipelagic (Sunlit) Zone

- SawDust Factory
- Glendora Public Library & Finkbiner Park

WEEK 3: June 16, 2025- June 20, 2025 - Mammals of the Ocean

- Jumping Jacks
- Glendora Public Library & Finkbiner Park

WEEK 4: June 23, 2025 - June 27, 2025 - Mesopelagic (Twilight) Zone

- Bowlero
- San Dimas Canyon Park

WEEK 5: June 30, 2025 - July 2, 2025 - Sharks (\$150)

(Not Open on Thursday, July 3rd and Friday, July 4th for holiday)

- No field trip due to short week

WEEK 6: July 7, 2025 - July 11, 2025 - Bathypelagic (Midnight) Zone

- AMC Movie Theater
- Glendora Public Library & Finkbiner Park

WEEK 7: July 14, 2025 - July 18, 2025 - Octopuses & Squids

- John's Incredible Pizza
- Glendora Public Library & Finkbiner Park

WEEK 8: July 21, 2025 - July 25, 2025 - Abyssopelagic (Abyss) Zone

- Glendora Historical Museum and Cathy's Wishing Well
- Glendora Public Library & Finkbiner Park

WEEK 9: July 28, 2025 - August 1, 2025 - Hadalpelagic (Trenches) Zone

- Shakey's Pizza & Games
- San Dimas Canyon Park

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Child's Name: _____ Grade Entering: _____

Birthday: _____

Mailing Address: _____

Parent/ Guardian's Name: _____

Parent/ Guardian's Email: _____

Daytime Phone: _____ Circle one: Home Work Cell

Evening Phone: _____ Circle one: Home Work Cell

Registration:

\$50.00 per student for registration

Please indicate your child's T-shirt size: Child: S M L XL Adult: S M L XL

Summer Prices: Five-day Week: \$190 -includes all field trips. 4th of July Week: \$140

- Our field trips are all subject to change and will be finalized at least a week in advance.
- All students must be dropped off by 9:00 a.m unless the parent has contacted the office and or Summer of Hope Staff.

(Return to Office)

Please indicate which weeks your student **WILL** be attending Summer of Hope

These are contractual dates, *not tentative* dates, and parents will be billed for each week. We will be using Procure's Tuition Express this summer. Billing will be automatic and happen 2 weeks prior to each week your child is marked to attend.

Week	Theme	Yes/ No
1. June 2 - 6	The Five Oceans of the World	
2. June 9 - 13	Epipelagic (Sunlit) Zone	
3. June 16 - 20	Mammals of the Ocean	
4. June 23 - 27	Mesopelagic (Twilight) Zone	
5. June 30 - July 2	Sharks	
6. July 7 - 11	Bathypelagic (Midnight) Zone	
7. July 14 - 18	Octopuses & Squids	
8. July 21 - 25	Abyssopelagic (Abyss) Zone	
9. July 28 - August 1	Hadalpelagic (Trenches) Zone	

(Return to Office)

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Parent Information:

Price:

- Five-day Program: \$190 -includes all field trips. *\$140 for Fourth of July week.*

Registration:

- \$50.00 per student for registration
- Hope School Students have priority until Monday, March 31st
- Local community member may register beginning April 1st

Payments: Full payments will be charged through Procure on the Friday two weeks prior to the week/s the child will attend camp. A charge of \$25 will be added if the payment is declined. Payments will be charged on a weekly basis, and you will be able to track payments through the Procure app and emails. Procure reminds you of the payments 10 days prior to each one processing. Procure will charge \$1 for each ACH payment through a checking account. If a debit or credit card is used, Procure will charge an extra 2.7%.

Things to bring to Summer of Hope:

Please make sure that your child has these items every day they come to camp:

- Refillable water bottle and packed lunch
- Sunscreen and any medications your child may need
- If your child wears sandals to camp, please bring a pair of socks and closed toe shoes just in case.
Flipflops are to be brought in a backpack for pool days only. No flip flops on Hope Playground.
- Please have your child bring a spare change of underwear and clothes. Place them in a ziplock bag in their backpack.

Things your child can bring:

- Pillows and blankets
- Water guns and water balloons on water days
- If there is an item not on the list that your child would like to bring, please contact Ellie Nguyen to see if it is approved.
- Flipflops for the pool days (in backpack). This should not be their main shoe, as we often walk to the pool.

Things not to bring:

- Costumes - unless specified in our weekly newsletter
- Any toys that resembles a weapon (besides water guns on water days)
- Electronics

Hope Lutheran Summer of Hope Admission and Enrollment Agreement Summer 2025

- \$50 Non-refundable registration fee is required for enrollment, all day camp fees are based on a weekly rate.
- Deposits are required to guarantee your child's reservations at SOH. A deposit of \$50, along with registration paperwork, is required. All weeks of attendance will be billed automatically through Procure.
- Full program fees are due two weeks before your child intends to attend. This will be billed through the Procure system.
- Field trips are included in the weekly 5-day program fee.
- Each child is responsible for bringing his/her lunch/ beverage each day unless notified by SOH Day Camp staff.
- Hope Lutheran reserves the right to limit registration and cancel or postpone any program or trip.
- Each child will receive one (1) Day Camp T-shirt per summer. This T-shirt must be worn on all field trips.
- Each child must be signed in and out daily by an authorized person.
- All forms must be signed and returned before your child will be admitted to Day Camp. Financial information for Procure (Tuition Express) must be included in the forms.

I have received an enrollment packet and understand all of the policies governing the Hope Lutheran Summer Day Camp program and I agree to abide by the following:

1. I will meet all financial responsibilities as stated in the enrollment packet. 2. I understand that if I can't meet my responsibilities as a Hope Lutheran Summer Day Camp parent or if my child cannot abide by the disciplinary guidelines as stated in the enrollment packet, that my child may be disenrolled.

Parent/Guardian Signature

Date:

Day Camp Director Signature

Date:

(Return to Office)

Summer of Hope 2025 TRANSPORTATION AUTHORIZATION

Child's Name:

I authorize Hope Lutheran staff to transport my child to and from
scheduled program field trips.

Parent/Guardian Signature

Date

(Return to Office)

Registration Form 2025

WELCOME! Hope Lutheran Day Camp has a fun, exciting and safe Summer Program planned for your child.

Enclosed you will find important information concerning your child's summer experience. Please read everything carefully and make sure that all forms are completely filled out and parent's signature is included when necessary.

We're looking forward to a Great Summer!

MISSION STATEMENT OF HOPE LUTHERAN CHURCH AND SCHOOL

To reach out and share the Word of God with our student's and educate them through all the activities offered, making disciples who experience the Abundant Life in Jesus Christ.

GOALS STATEMENT

The Summer Day Camp Program has been designed to meet the unique and individual needs of each child. Our ultimate goal is to create a safe and positive learning experience for each child.

Through interaction with others and exposure to certain responsibilities we strive to teach the child respect for him/herself and others.

Through daily exposure to group play, excursions, songs, and activities we strive to make the child comfortable with his peers and community.

Through positive discipline we strive to show each child that he/she has individual worth and that even though his/her actions may at times be inappropriate, his/her feelings are always important.

Our goal is to create a safe environment for all children. We strive to make each parent feel comfortable with the child's environment.

In striving to meet all our goals we hope to achieve the best environment for children to grow into responsible caring adults.

POLICIES AND PROCEDURES

ARRIVAL & DEPARTURE

1. Hours of Operation – Day Camp Hours are Monday through Friday 7am-6pm
2. Drop Off - Child(ren) may not be dropped off prior to 7:00 a.m and **no later than 9:00 a.m** unless parent or guardian contacts the office or program director. Parents or Guardians must physically walk their child(ren) into the building and sign her/him in. Parents should then accompany their child to the appropriate group area.
3. Pick-up - A child will not be released to anyone whose name does not appear on the pick up authorization list. The staff will require identification of anyone who is unfamiliar to them, and verify that the person is on the authorization to pick-up form before the child will be released. The child must be signed out before he/she will be released.
4. Late pick up - Children must be picked up prior to 6:00 p.m. to avoid a \$5.00 per 10 minute (or fraction thereof) charge. After 6:30 pm the charge is \$1 per minute. Late pick up charges may be paid at the office.

HEALTH & SAFETY

1. Injury during program - If your child is injured, the Site Director or acting Site Director will take whatever steps that may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:
 1. Attempt to contact a parent or guardian
 2. Attempt to contact a parent or guardian through any persons listed on the emergency information form.
 3. If we cannot contact you, we will do any or all of the following:
 - i. call paramedic
 - ii. have your child taken to an emergency hospital in the company of a staff member
2. Medication - any medication that needs to be administered should:
 - a. be given directly to the Site Director in the original packaging

b. have written instructions as per quantity, time to administer, any other directions and **written permission for Hope Lutheran to administer the medication.**

3. Sick Child - If your child wakes up with a fever or visible illness, please keep him/her at home. If a child becomes ill during the day, he/she will be isolated from the other children and you will be contacted. You will be expected to pick up (or make arrangements) your child as soon as possible.

4. Disaster Preparedness - During the course of the summer fire and earthquake procedures will be practiced.

5. To help us be prepared for an emergency situation, we ask that you send a ZIP LOCK BAG clearly marked with your child's name on the first day of camp. The bag can include:

foil pouched or boxed drinks, Granola bars, beef jerky dried fruit or nuts (pkg) cheese and cracker packs fruit rolls 6. Discipline - The Hope Lutheran leadership staff is trained to be sensitive to the needs of each individual in the program. Leaders are trained to deal with behavior problems in a positive way, to help children develop positive habits and learn proper behavior.

7. If your child has a behavior problem that is repetitive and/or beyond verbal reinforcement, the following steps will be taken:

1. Child will be disciplined through time out from the group activity or other similar appropriate means.

2. The staff member will discuss appropriate behavior with the child.

3. If a problem, or problems, persist, the parent will be notified via verbal information, email, or a behavior report that must be signed before the child may return.

4. If the problem or improper behavior persists, the parent will be notified and requested to meet with the site director before the child may return to the program.

5. If the child's behavior continues to be a problem the child may be suspended or dis-enrolled from the program.

FINANCIAL ARRANGEMENTS

1. Payment of Fees - Payments are due on a weekly basis. Automatic payments will be automatically deducted two weeks prior to the wee/s of attendance through PROCARE.

3. Refund Policy – In general, Hope Lutheran does not provide refunds. At the time of registration, a one time fee

of \$50 is due.

4. Additional Children – There will be a \$10.00 weekly discount for each additional child in the same family.
5. Cancellation/Additions: - Please understand that our program is staffed to registrations received and when you register for a week, it means that it takes the space of another potential camper. Only sign up for the weeks you know for sure you want your child to attend. There will only be 28 total students allowed to camp each week.

GENERAL INFORMATION

1. Questions and Concerns - Open communication between Hope Lutheran staff and parents is essential to the success of the program. For your child's sake, please share any concerns or compliments you may have with the program. These questions and or concerns should be directed to Ms. Elli Nguyen
2. Personal Belongings/Hope Lutheran Property - Each child will be provided with a storage place for his/her belongings and will be instructed to use it. Hope Lutheran is not responsible for lost, stolen or broken personal property brought to the site or on trips. Parents are responsible for any breakage of site property deemed malicious by the Site Director. Please clearly mark all items with your child's name.
3. Absences/Sick Days - If your child is going to be absent on any day, please notify the office no later than 9:00 a.m. on that day. Hope Lutheran Summer Day Camp cannot deduct days missed from weekly fees, as fees pay only for direct operational costs, such as staff, snacks, materials, and transportation. (Also, the enrollment reserves the time, space, staffing and provisions for your child whether he or she attends or not.)
5. Clothing - **Closed toe shoes** must be worn to all field trips unless specified by Summer SAC Staff. Dresses or skirts may not be appropriate for some activities.
4. Field Trips – Field Trips are included in the 5-day weekly fee. All major trips will be on Tuesdays. Park days, Library days, and swimming days will be added throughout the summer. Children must wear their camp T-shirts on field trip days. (Field Trips are subject to change)
5. Food - Hope will provide a morning/afternoon snack. Each child must bring a sack lunch that includes a drink. Please include any allergies your child might have on the Emergency form.
6. Money - Unless it is clearly specified by staff, please do not allow your child to bring any money to summer day care.

Permission to Apply Sunscreen Waiver Form

Name of Child: _____

Hope Lutheran Summer Day Program requests that sunscreen be applied to your child prior to them attending camp for the day. As the parent or legal guardian of the above-named child, I hereby give my permission to the Director(s) at Hope Lutheran Summer Day Program to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities between the times of 10:00AM and 4:00PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

_____ The Director(s) of Hope Lutheran Summer Day Program may use the sunscreen of their choice according to package directions.

_____ Only use the following type(s) SPF of sunscreen (parent will provide):

_____ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body:

Parent/Guardian Full Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name		Phone #	
Address		City	State Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Authorized Signature	Date
----------------------	------

Your Name
Any Street, Anytown
Tel: (001) 555-0000

DATE _____

0001

PAY TO THE ORDER OF

ATTACH VOIDED CHECK HERE

DEPOSIT SLIPS NOT ACCEPTED

100 DOLLARS

Security features included. Details on back.

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555

RE

MP

123456789

000123456789

0001

ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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Hope Lutheran Church and School LCMS

Student Emergency Information Form

STUDENT

Last: _____ First: _____ Middle: _____
Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female
Place of Birth: _____ Race: _____ Grade: _____
Street Address: _____ City: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Church Membership: _____ Date of Baptism: _____

PARENT/GUARDIAN

Student Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Mother/Stepfather ☐ Father/Stepmother ☐ Guardian
Father/Stepfather/Guardian:

Last: _____ First: _____ Middle: _____
Street Address: _____ City: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____
Mother/Stepmother/Guardian:
Last: _____ First: _____ Middle: _____
Street Address: _____ City: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

DOCTOR & HEALTH

Doctor: _____ Doctor Phone: _____
Hospital Preferred: _____ Phone Number: _____
Authorized to Call Doctor? ☐ Yes ☐ No Special Health Concerns: _____
Authorized to Call Rescue? ☐ Yes ☐ No _____
Does this student have any Special Health Instructions? ☐ Yes ☐ No _____
Allergies: _____

EMERGENCY CONTACT

Last: _____ First: _____ Middle: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Alternate Contact:
Last: _____ First: _____ Middle: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

INDIVIDUALS AUTHORIZED TO PICK UP STUDENT

Last: _____ First: _____ Relationship: _____
Last: _____ First: _____ Relationship: _____
Last: _____ First: _____ Relationship: _____



Hope Lutheran Church and School LCMS Consent to Treat a Minor Child

CONSENT TO TREAT A MINOR

Last: _____ First: _____ Grade: _____

I, parent or legal guardian of above child, do hereby consent to any medical care and the administration determined by a Physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) to be necessary for the welfare of my child while said child is under the care of Hope Lutheran Church and School and I am not reasonably available by telephone to give consent. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above.

I grant permission for the above minor described above to be given any necessary X-ray, examination, anesthetic, medical or surgical treatment under the supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act that may be necessary due to emergency.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California, and after a reasonable attempt has been made to contact parents, I will not hold sponsoring parties responsible for injury or damage which might occur under reasonable supervision.

This authorization is effective for the _____ School year.

Signature of parent or
Legal Guardian: _____ Date: _____

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

SPECIAL MEDICATIONS, BLOOD TYPE OR PERTINENT INFORMATION

_____	_____
_____	_____
_____	_____
_____	_____