

## U. ՊԵՏՐՈՍ ՀԱՅՑ. ԱՌԱՔԵԼԱԿԱՆ ԵԿԵՂԵՑԻ St. Peter Armenian Apostolic Church



Dear faithful,

We joyfully announce the 2025 Sound of Children at St. Peter Church 8<sup>th</sup> Annual Musical Summer Program.

Last seven summers Sound of Children had a wonderful Summer/Cultural and Musical Day Camp, we are happy to advise you this year also the summer program will take place at St. Peter Church grounds.

#### "Sound of Children"

Through the efforts of the program's Director, Sirvart (Sylvia) Kavoukjian and her dedicated staff, we are planning to have a new wave of art and music integration into our church's youth. This year's theme is all Armenian and All for Armenia. "I **Am** Armenia" is the theme of this year and will be the title of the grandiose performance at Alex Theater on August 3, 2025. All campers are invited to perform at this grandiose event and make us all proud of them and our history and culture. We encourage parents to take full advantage of this inspiration, engagement, and empowerment of young minds.

St. Peter Church's "Sound of Children" Summer Program is a unique musical art school that will enrich the children's knowledge of Armenian culture and sharpen their artistic skills.

The youth is the primary focus of St. Peter Church. We thank you for your support.

With prayers,

Engly Wy. Myhl—

Fr. Shnork Demirjian

Growing in Faith, Building our Future!



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#### St. Peter Church "Sound of Children" Summer Program

St. Peter "Sound of Children" Summer Program was created to promote our beautiful culture and heritage to our children and make them appreciate it and welcome it into their lives from a very young age.

Our children today are deprived of many cultural and important values, like art and music, poetry, and dance, etc. By introducing these important elements from an early age, it will help them be better humans and broaden their views, imagination, and 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 3-14 again this summer at our St. Peter Church campus. Our camp doors will be open from 8AM and close at 5PM. The program hours are from 8:30AM to 3:30PM 5 days a week. The program runs for 8 weeks starting on Monday, June 16 through Friday, August 8, 2025.

As we did before, our programs will include daily Armenian language classes, music, science, literature, sports, arts & crafts, chess, cooking classes, dance, competitions, and plenty of games and fun activities.

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

Our counselors, aids and volunteers are carefully chosen so that they can be fully dedicated to our children's safety, and lovingly discipline them and nurture their beautiful souls and body.

We are very excited about our program for 2025 and we hope to have another successful summer program.

Thank you,

Sirvart (Sylvia) Kavoukjian Founder and Director Sound of Children Cultural Program

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## St. Peter Armenian Church "Sound of Children" 2025 Summer Program

(Information sheet)

This year our Gala Performance "I AM Armenia" "b'u bu <ujuuumuuun" will take place at Alex Theater on August 3, 2025 at 6PM. All campers will be participating. To secure your tickets, please visit the front desk.

**When:** June 16– August 8, 2025 (8 – weeks)

**Who:** 3-14 years old boys and girls

Where: St. Peter Armenian Church

17231 Sherman Way Van Nuys, CA 91406

(818) 344 4860

What: Music and cultural program, songs, activities, play, crafts, sport active-

ties, cooking, chess, ethics, dance, science, art, Armenian and religion classes: Two Concerts within the 8-week program: 1 – Armenian and

1 International Musical shows

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

the price

Payment and policies
Payments required upon

registration.

Despite to the ongoing inflation and price increases, we kept our tuition the same this year to make it affordable for our families.

**Program Hours & Price:** 8:30AM to 3:30PM (Doors open from 8AM-4PM)

\$375.00 a week

\$100.00 Non-Refundable Registration Fee \$100.00 Costume and Program Admission fee.

A onetime \$100.00 registration and \$50.00 deposit for each week's

registration is required to save your child's spot.

<u>The \$50.00 is non-refundable</u> and will be credited toward the balance of that week. Changes to weeks attending can be made 1

week prior. All Payments must be made no later than 1 week prior to your child's program's first day. If we don't have the full week's

payment, we CANNOT guarantee your child's place for that week.

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 swimsuit and extra towel

Wear camp T-shirt every Friday



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#### St. Peter Armenian Church "Sound of Children" For the Summer of 2025

(Registration form)

Last Name	Name1 <sup>st</sup> camper's 1 <sup>st</sup> Name			<b>-</b>	Age		
2 <sup>nd</sup> camper's 1 <sup>st</sup> Name			Age	3 <sup>rd</sup> camper's	1st Name		Age
Father's NameMother's Name					me		
Parent's Occu	pation that ma	y be helpful to	Sound of Chil	ldren program <sub>-</sub>			
Address:							
Home Phone	Cell phoneCell phone_		phone	Emergency phone			
Email Addres	S						
How did you	hear about us	? Instagram/Fo	acebook F	Returning Cam	per Friend	ls/FamilyO	ther
V	Veekly Tuitio (Re	- Program Hou on \$375.00 + gistration fee i Program Cell	- \$100.00 <b>R</b> e includes 2 T-s	egistration + hirts, Armenia	\$100.00 Cos n and Music T	tume/Progra Text and workl	om fee books)
•	unt \$25.00 We	<b>Armenian</b> □ ekly□ Weekly□ ( <i>upo</i>		ent) Othe		To Preference  quire with orga	
		\$50.00 depos Il be lost in cas			red week whic	ch will be cred	lited toward tl
Week 1 $\square$	Week 2 $\square$	Week 3 □	Week 4	Week 5 $\square$	Week 6 □	Week 7 $\square$	Week 8 □
June 16-	June 23-	June 30 -	July 7-	July 14-	July 21-	July 28-	August 5-
June 20	June 27	July 3	July 11	July 18	July 25	August 1	August 8
*Camp will be o	closed on July 4 <sup>tl</sup>	in observance of	f Independence	Day.			
Payment op	tions:			Total pay	ments receive	d	
Check #	Cash	_Credit Card _	Number	r		Security Code	e
Cardholder's Name				_ Exp Date	CC Z	Zip Code	
Cardholder's	α. ,						

ALL PAYMENTS ARE NON-REFUNDABLE AND MUST BE PAID IN ADVANCE
Credit Card Processing Fee Applies
\$30.00 Fee will be charged for all nonsufficient fund checks.



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#### St. Peter Church "Sound of Children" Summer Program

#### **EMERGENCY RELEASE FORM**

I (We) the undersigned parent(s) or legal guardian of	D.O.B
,,,	D.O.B
minor, do hereby authorize and consent to any x-ray examination, and under the general supervision of any member of the medical staff provisions of the California Medicine Practice Act or a dentist licensed and on the staff of any acute general hospital holding a current licensed. Department of Public Health. It is understood that this authorization treatment or hospital care being required but is given to provide authorization department of physicians in the exercise of his/her best judgment may demande to contact the undersigned prior to rendering treatment to the part be withheld if the undersigned cannot be reached. This authorization is of the Civil Code of California.	and Emergency Room staff licensed under the d under the provisions of the dental Practice Act for operate a hospital from the State of California is given in advance of any specific diagnosis ority and power to render care, which the aforesem advisable. It is understood that effort shall be tient, but that any of the above treatment will not
PHYSICIAN'S NAME AND PHONE NUMBER	
HEALTH INSURANCE CARRIER NAME	POLICY NUMBER
Any special medication taken/allergies or important information/comm	nents:
I understand that emergency information is required by the St. Peter Ch for the release and treatment of my child for any problem requiring postnotify the school IMMEDIATELY of any change.	
PARENT/GUARDIAN SIGNATURE —	
PRINT PARENT NAME —	



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# St. Peter Church "Sound of Children" Summer Program PHOTO AND EMERGENCY PICK UP RELEASE FORM

I hereby grant St. Peter 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. Peter 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					
			<del></del>		
IN CASE OF EMERGENCY					
Emergency Contact					
Relationship	RelationshipPhone				
Special Notes					
AUTHORIZED PEOPLE TO PIO	CK UP CHILD				
1)Name	Relationship	Phone			
2)Name	Relationship	Phone			
3)Name	Relationship	Phone			
			<del></del>		



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#### St. Peter Armenian Church "Sound of Children" Summer Program LIABILITY RELEASE FORM Release of All Claims

In consideration for being accepted by St. Peter Armenian Apostolic Church (St. Peter) for participating in St. Peter 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. Peter 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. Peter 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. Peter 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

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. Peter 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. Peter 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 tele-phone 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 treat-ment. 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.

		Participant's Physician:			
Type or print name of Participant		Name of Practice:			
71 1		Physician's phone:			
Parent or Guardian home phone	work phone	Emergency Contacts: (when parent or guardian is unavailable)			
Hospital Insurance □Yes □No					
Insurance Company:		Name & Relationship	phone number phone number		
Policy Number		Name & Relationship			
	Si	gnatures			
Only participants need sign if 21 year or div	rs of age or older. orced in which ca	If under 21, <i>both</i> parents must sign use the custodial parent must sign.	nless parents are separated		
Father's Signature					
Mother's Signature					
Legal Guardian's Signature					
Participant's Signature					