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ST. PETER ARMENIAN APOSTOLIC CHURCH



Dear faithful,

We joyfully announce the 2024 Sound of Children at St. Peter Church 7th Annual Musical Summer Program.

Last five Summers Sound of Children had a wonderful Summer/Cultural and Musical Day Camp, which was a great success at St. Peter Church. 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 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 “Be Our Guest!” inspired by Disney’s Beauty and The Beast. 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,

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 program hours are from 8:30AM to 3:30PM 5 days a week. The program runs for 8 weeks starting on Monday, June 17 through Friday, August 9.

We carefully choose each summer’s theme to expand our children’s creativity and boost their passion towards art and music, culture, and identity awareness. Every summer we have one (1) Armenian show performance and one (1) international musical performance. In the past we have witnessed that musical themes are big hits among our children and parents alike. Therefore, this year our musical is “Be Our Guest!” inspired by Disney’s “Beauty and The Beast”. We hope and believe the children will do an amazing job and have a lot of fun with this theme.

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.

All Covid-19 protocols and precautions will be always closely followed during camp.

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 2024 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” 2024 Summer Program (Information sheet)

- When:** June 17 – August 9, 2024 (8 – weeks)
- Who:** 3-13 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 activities, 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
- Program Hours & Price:** **8:30AM to 3:30PM**
\$375.00 a week
\$100.00 Non-Refundable Registration Fee
\$100.00 Costume and Program Admission fee.
- Payment and policies**
Payments required upon registration.
- A onetime \$100.00 registration and \$50.00 deposit for each week’s registration is required to save your child’s spot. **The \$50.00 is non-refundable** and will be credited toward the balance of that week. Changes to weeks attending can be made 7 days prior. All Payments must be made no later than 7 days 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
T-shirt every Friday



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St. Peter Armenian Church "Sound of Children"
For the Summer of 2024
 (Registration form)

Last Name _____ 1st camper's 1st Name _____ Age _____

2nd camper's 1st Name _____ Age _____ 3rd camper's 1st Name _____ Age _____

Father's Name _____ Mother's Name _____

Parent's Occupation that may be helpful to Sound of Children program _____

Address: _____

Home Phone _____ Cell phone _____ Emergency phone _____

Email Address _____

How did you hear about us? Instagram/Facebook ___ *Returning Camper* ___ *Friends/Family* ___ *Other* _____

Camp Hours: 8AM – 4PM - Program Hours: 8:30AM to 3:30PM **Minimum 2 weeks registration required**
Weekly Tuition \$375.00 + \$100.00 Registration +\$100.00 Costume/Program fee
(Registration fee includes 2 T-shirts, Armenian and Music Text and workbooks)

Sound of Children Cultural Program Cell Phone (818) 401-7800 Email address Info@soundofchildren.org

Western Armenian **Eastern Armenian** **No Preference**

Sibling Discount \$25.00 Weekly

Full Term Discount \$25.00 Weekly (*upon full payment*) Other Discount (inquire with organization)

Number of Week (s)* _____ \$50.00 deposit required for each registered week which will be credited toward that week's tuition. Amount will be lost in case of no-show of that week.

Week 1 <input type="checkbox"/>	Week 2 <input type="checkbox"/>	Week 3 <input type="checkbox"/>	Week 4 <input type="checkbox"/>	Week 5 <input type="checkbox"/>	Week 6 <input type="checkbox"/>	Week 7 <input type="checkbox"/>	Week 8 <input type="checkbox"/>
June 17- June 21	June 24- June 28	July 1- July 5	July 8- July 12	July 15- July 19	July 22- July 26	July 29- August 2	August 5- August 9

***Camp will be closed on July 4th in observance of Independence Day.**

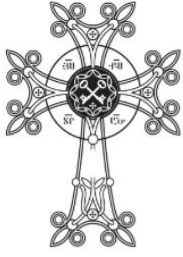
Payment options: Total payments received _____

Check # _____ Cash _____ Credit Card _____ Number _____ Security Code _____

Cardholder's Name _____ Exp Date _____ CC Zip Code _____

Cardholder's Signature _____ Date _____

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. _____, _____ 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 _____

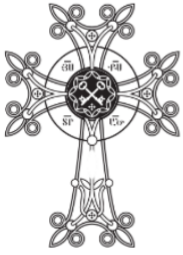
HEALTH INSURANCE CARRIER NAME _____ POLICY NUMBER _____

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

I understand that emergency information is required by the St. Peter Church “The Sound of Music” 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 _____



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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 _____

<u>IN CASE OF EMERGENCY</u>		
Emergency Contact _____		
Relationship _____	Phone _____	
Special Notes _____		
<u>AUTHORIZED PEOPLE TO PICK UP CHILD</u>		
1) Name _____	Relationship _____	Phone _____
2) Name _____	Relationship _____	Phone _____
3) Name _____	Relationship _____	Phone _____



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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 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 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

 Parent or Guardian home phone work phone

Participant’s Physician: _____
 Name of Practice: _____
 Physician’s phone: _____
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

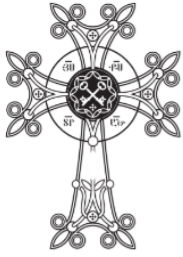
Only participants need sign if 21 years of age or older. If under 21, *both* parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

 Father’s Signature

 Mother’s Signature

 Legal Guardian’s Signature

 Participant’s Signature



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I, _____ acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that St. Peter Sound of Children has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that St. Peter Sound of Children staff cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, parents and other children participating in the choir practice and their families.

I voluntarily authorize my child to participate in the group choir practices and voice recording and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while participating.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Euphoria Studios St. Peter Sound of Children harmless from, and waive on behalf of myself, my children, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the church, or that may otherwise arise in any way in connection with any activities provided we're engaged in with St. Peter Sound of Children. I understand that this release discharges St. Peter Sound of Children from any liability or claim that I, my children, my heirs, or any personal representatives may have against the church with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any activities my children are engaged in from St. Peter Sound of Children.

This liability waiver and release extends to St. Peter Sound of Children together with all parties and clergies involved at St. Peter Church

Parent's Name _____ Child's Name _____ Signature _____