



# ST. PETER CHURCH SOUND *of* CHILDREN SUMMER CAMP

PRESENTING OUR 3<sup>RD</sup> ANNUAL SUMMER CAMP  
FOR CHILDREN AGES 4 TO 14

JUNE 17 - AUGUST 9, 2019  
FROM 7:30 AM TO 5:30 PM

OPEN HOUSE  
FRIDAY  
MAY 3 @ 6PM

THIS YEAR'S CULTURAL PROGRAM  
IS DEDICATED TO IDENTITY AWARENESS

## WHO AM I?

*N'd ho tree*

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

SPACE IS LIMITED  
DISCOUNT AVAILABLE ON  
OPEN HOUSE  
DAY ONLY

ST. PETER ARMENIAN  
APOSTOLIC CHURCH  
17231 SHERMAN WAY  
VAN NUYS, CA 91406

WEEKLY PRICE \$225  
PROGRAM HOURS  
8:30AM TO 3:30PM  
SIBLING DISCOUNT

**CONTACT**  
818.344.4860

**REGISTER ONLINE**  
[saintpeterarmenianchurch.com](http://saintpeterarmenianchurch.com)





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**ST. PETER ARMENIAN APOSTOLIC CHURCH**  
HONORING OUR PAST ⊕ BUILDING OUR FUTURE

Dear faithful,

We joyfully announce the 2019 St. Peter Church, Our 3rd Annual Musical Summer Program.

Last two Summers St. Peter Church had a wonderful Summer/Cultural and Musical Day Camp, which was a great success. 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, we are planning to have a new wave of art and music integration into our church’s youth. This year’s theme is dedicated to identity awareness under the title “Who Am I?” Ո՛վ եմ Ես. We encourage the parents to take full advantage of this inspiration, engagement, and empowerment of young minds.

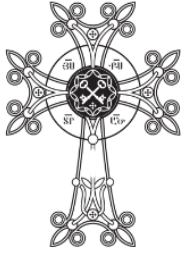
St. Peter Church’s “Sound of Children” Summer Program is a unique musical art school that will enrich the children’s knowledge of Armenian culture and sharpen their artistic skills.

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 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. Extended hours are from 7:30AM – 5:30PM. The program runs for 8 weeks starting on June 17 thru August 9.

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

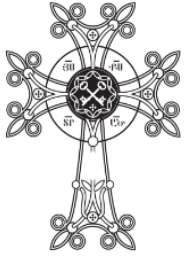




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***St. Peter Armenian Church “Sound of Children”***  
***2019 Summer Program***  
**(information sheet)**

- When:** June 17 – August 9, 2019 (8 – weeks)
- Who:** 4-14 years old boys and girls
- Where:** St. Peter Armenian Church grounds  
17231 Sherman Way  
Van Nuys, CA 91406  
(818) 344 4860
- 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
- Extended Hours** 7:30AM to 5:30PM  
\$300.00 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



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***St. Peter 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)***

***Extended Hours***  ***\$300.00 per week (7:30am to 5:30pm)***

Additional Sibling Discount \_\_\_\_\_ Full Course Discount \_\_\_\_\_ Other Discount \_\_\_\_\_  
 \$10 off for each additional child      \$20 for each week discount      \$10 off Open House Discount \_\_\_\_\_

Number of Week (s)\* \_\_\_\_\_ Sibling(s) Name in Summer Camp \_\_\_\_\_

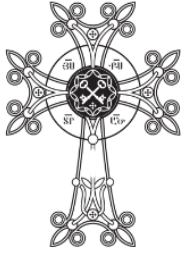
1<sup>st</sup> week (June 17-June 21)       2<sup>nd</sup> week (June 24-June 28)       3<sup>rd</sup> week (July 1-July 5)   
 4<sup>th</sup> week (July 8-July 12)       5<sup>th</sup> week (July 15-July 19)       6<sup>th</sup> week (July 22-July 26)   
 7<sup>th</sup> week (July 29- August 2)       8<sup>th</sup> week (August 5-August 9)

**\*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**



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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. \_\_\_\_\_ 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 \_\_\_\_\_

<b><u>IN CASE OF EMERGENCY</u></b>		
Emergency Contact _____		
Relationship _____	Phone _____	
Special Notes _____		
<b><u>AUTHORIZED PEOPLE TO PICK UP CHILD</u></b>		
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 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.*

_____		Participant’s Physician: _____
Type or print name of Participant		Name of Practice: _____
_____	_____	Physician’s phone: _____
Parent or Guardian home phone	work phone	<b>Emergency Contacts:</b> (when parent or guardian is unavailable)
Hospital Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Name & Relationship _____
Insurance Company: _____		_____ <i>phone number</i>
_____	_____	Name & Relationship _____
Policy Number _____	_____	_____ <i>phone number</i>

**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