

**“Give thanks to the Lord for He is good, His love endures forever.”
Psalm 19:1**

Let the Fun Begin!



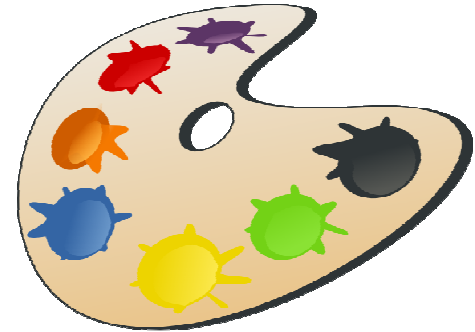
**IMPORTANT INFORMATION
FOR YOUR FAMILY**

- You may register for any or all of the camps at any time.
- Camp registration is on a first come basis. To ensure that your child can attend, please turn in form promptly.
- Detach registration form and turn in to school office with your payment. \$100 for 4 day camps,
- All payments must be made at time of enrollment.
- Before and after care is not available.
- **Cancellation Policy:** One half of registration payment may be refunded if school office is notified at least one week before first day of camp.

14175 NW CORNELL ROAD
PORTLAND OR 97229
TEL: 503 645 1211
WWW.PRINCEOFPEACELC.ORG
SCHOOL@PRINCEOFPEACELC.ORG



SUMMER CAMPS



Summer Camp Sessions

**Red, Yellow,
Green and blue!
What can colors
do for you!**



Explore the world of color with fun color experiments, arts and crafts, stories and games!

Taught by
Mrs. Bernick and Mrs. Niles



**Lions, Tigers and
Bears!
Oh, My!**

Explore the world of animals and their unique habitats and habits through fun activities, games, arts and crafts, stories and song!

Taught by Mrs. Lydon
and Mrs. Manning

All sessions of summer camp are **9:00 a.m.-1:00 p.m.**

Tuesday through Friday.

Children will need to bring a sack lunch and beverage each day. Snacks & water provided.

\$100.00 per week

Children ages 4 years old or having completed our 3 yr. program thru those entering 1st grade are welcome!

24 kids and 2 teachers a session

All summer camp sessions will include sharing of faith stories, bible stories and the greatness of God's love for each of His children.

Please retain this part of the brochure for your records and detach dotted line portion for registration.

2018 SUMMER CAMP SIGN UP

Child's Name: _____

One form per child

Sibling also registering for same camp

**SUMMER CAMP(S) I WOULD
LIKE TO ATTEND:**

Color (May 29-June 1) \$100	
Zoo (May 29-June 1) \$100	

Parent Name _____

Address _____

Phone _____

Email _____

Use this email to contact me.

Allergies: _____

Current Teacher _____ Birth date _____

I give permission for the staff of Prince of Peace School to administer emergency medical care deemed necessary for my child and if necessary to transport by ambulance.

Parent signature _____

Please bring registration and payment into the school office.