



證道浸信會(荖麗徑堂)
Logos Baptist Church (Milliken)

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133 Old Kennedy Rd, Markham, L3R 0L5 | www.logosbaptist.com
f @lbcmilliken | @lbcmilliken | @LBCMilliken

Monday July 8 - Friday August 16, 2019 (Short week on Week of August 6-9, 2019)
Camp Hours: 9:00am - 4:00pm. **Bring your own nut-free lunch.**
Extended hours child care: 8:00-9:00 am; 4:00 -6:00 pm.

Our Mission

LBCM Koinonia Camp is about creating a Godly and stimulating environment
for our young people to learn and play together.

We want to see our young people motivated by an invigorating journey that focuses on personal and leadership
development. Young people will experience engaging activities and amazing Bible stories.

"Train a child in the way he should go, and even when he is old he will not turn from it" (Proverbs 22:6)

Children Track

For students currently in JK (Age 4)-Grade 4, limited enrollment of 40 per week!

This Children Track focuses on helping your children develop healthy social emotional skills. In a child-friendly and fun environment, children will learn how to interact with other people, and understand and control their own emotions.

Using Biblical principles, children will work on:

Contentment: Deciding to be okay with what you have.

Cooperation: Working together to do more than you can do alone.

Compassion: Caring enough to do something about someone else's need.

Self-control: Choosing to do what you should even when you don't want to.

Service: Lending a hand to help someone else.

Hope: Believing that something good can come out of something bad.

During these six fun-filled weeks, our goal is to help your children become responsible, faithful, and purposeful Godly citizens.

Leadership Track

For students currently in Grade 5-8, limited enrollment of 25 per week!

Our Leadership Track provides students currently in Grade 5 to Grade 8, with the opportunity to understand, develop, and exercise their personal and leadership abilities, as well as spiritual growth through indoor and outdoor activities.

Personal Development occurs through basic life skills training, fitness improvement, building self-awareness/confidence, learning to take the initiative in situations, maintaining situational awareness, as well as overcoming obstacles encountered.

Leadership Development occurs through the development of gifts and abilities as well as the practice of them, volunteer experiences, time management exercises, team building skills, verbal and non-verbal communication growth, and opportunities to put what they have learned by spearheading initiatives related to the Koinonia Camp.

Spiritual Development occurs through daily worship, scripture reading, and thoughts to reflect upon in their day to day lives.

Camp Costs:

<u>Camp Sessions</u>	Early bird (Before May 26, 2019)	Regular After (May 26, 2019)
6 weeks (full session)	\$750	\$900
3 weeks or more	\$150 /week	
1 or 2 weeks	\$170/ week	
Week 5 Aug 6-9 (short week)	\$25 discounted on the week	
Early drop off 8:00-9:00 am	\$10/week	
Late Pick up 4:00 -6:00 pm	\$25/week	

LBCM only accepts cash or cheque for payments. Please make cheques payable to Logos Baptist Church (Milliken)

Registration Change/Withdrawal

Request for withdrawal or any changes must be submitted by Tuesday June 25, 2019. Please note there will be an administration fee of \$50 for cancellation and \$30 for changing to a different week(s).

A Full Refund (less \$50 administration charge per session) will be given by Tuesday June 25, 2019 in the event of a cancellation. No Refund will be given after that.

Payment Method:

Mail or deliver cheque made payable to "Logos Baptist Church (Milliken)".

Instructions for mailing: Write on the envelope:

Attn: Church Office: Koinonia Camp

133 Old Kennedy Road. Markham. ON L3R 0L5

For More Information:

E-mail us at koinoniacamp@logosbaptist.org

REGISTRATION FORM

Children Track 兒童營 JK – G4

Leadership Track 領袖營 G5 – G8

OFFICE USE ONLY

Paid: \$ _____ Cash/Cheque # _____ Received by: _____

Parent's Name: (Last 姓) _____ (First 名) _____

家長姓名

Address : _____ Postal Code : _____

地址: _____ 郵政號碼: _____

Home Phone: () _____ Daytime/Emergency Phone: () _____

電話: _____ 日間/緊急聯絡電話: _____

Email Address: _____

電郵

Student Name: (Last 姓) _____ (First 名) _____ Age: _____ Gender: M 男, F 女

學生姓名: _____ 年齡: _____ 性別: _____

Date of Birth: ____/____/____ Current School Grade: _____ Name of Church: _____

出生日期: (mm/dd/yy) (月 日 年) 現在班級: _____ 所屬教會: _____

Email Address*: _____ (Option for Leadership Track registrant only)

電郵 (僅適用於登記領袖營者的選項)

Health Card #: _____ Health/Allergy Concerns: _____

醫療卡號碼: _____ 健康問題或過敏症: _____

Emergency Contact : _____ Relationship: _____ Phone #: () _____

緊急時可聯絡的人: _____ 與參加者關係: _____ 電話: _____

T-shirt size : Youth 青少年 XS, S, M, L, XL Size Measurement Website 尺寸參考網站:

恤尺碼: Adult 成年 <https://www.gildan.com/pages/size-chart>

Register for: 註冊	Sessions 營會時段	Early Drop-offs (\$10/week) 營 前兒護	Late Pick-ups (\$25/wk) 營 後兒護
<input type="checkbox"/> wk1 July 8-12	<input type="checkbox"/> wk4 July 29-Aug 2	<input type="checkbox"/> wk1 <input type="checkbox"/> wk4	<input type="checkbox"/> wk1 <input type="checkbox"/> wk4
<input type="checkbox"/> wk2 July 15-19	<input type="checkbox"/> wk5 Aug 6-9 (short week)	<input type="checkbox"/> wk2 <input type="checkbox"/> wk5	<input type="checkbox"/> wk2 <input type="checkbox"/> wk5
<input type="checkbox"/> wk3 July 22-26	<input type="checkbox"/> wk6 Aug 12-16	<input type="checkbox"/> wk3 <input type="checkbox"/> wk6	<input type="checkbox"/> wk3 <input type="checkbox"/> wk6

Yes, I authorize LBC (Milliken) to contact my children for communication related to this camp.

是的, 我授權證道浸信會(美麗徑堂) 與我的孩子聯繫, 以作與此夏令營有關的信息溝通。

Yes, I consent to receive information about LBC (Milliken) from their chosen form of communication.

是的, 我同意接收來自證道浸信會(美麗徑堂) 採用的通信形式有關他們的信息。

I acknowledge that all the information I have provided is up to date and correct to the best of my ability, and by signing this document, I acknowledge having read, and understand and agree to Parental Consent and Waiver Form.

本人確認所提供上述資料為確實無誤, 並已閱讀、明白及同意以上的條文及授權, 並在下簽名作實。

Parent's signature 家長簽名: _____ Date 日期: _____



"Train a Child to the way he should go, and even when he is old he will not turn from it" (Proverbs 22:6)

Let us help our young children to develop healthy social emotional skills in a child-friendly and fun filled environment and provide our youths with the opportunity to understand, develop and exercise their personal and leadership abilities, as well as spiritual growth through indoor and outdoor activities.....

LBCM only accepts cash or cheque for payments. Please make cheques payable to Logos Baptist Church (Milliken)

Total amount 總額: \$ _____



Logos Baptist Church (Milliken) Koinonia Camp

證道浸信會(美麗徑堂) 夏令營

Parental Consent and Waiver Form

家長同意及棄權書 (內容以英文為準)

I, _____, give permission to _____ to

本人 准許

participate in Koinonia Camp conducted by Logos Baptist Church (Milliken).

參加證道浸信會(美麗徑堂)所舉辦的夏令營。

Release of Liability 權利放棄

I understand that there are risks associated with all indoor and outdoor Koinonia Camp activities. I agree to withhold Logos Baptist Church (Milliken), its directors, its staff, members or Camp volunteers (collectively herein the "LBCM") from any and all liability or claims from accidental personal injuries, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in LBCM Koinonia Camp. I understand Koinonia Camp leaders will make every reasonable attempt to provide a safe and caring environment for my child.

我知道夏令營所有室內和室外活動都存有風險，我同意無條件解除和免除證道浸信會(美麗徑堂)，其董事，其員工，成員或夏令營志願者(統稱為"LBCM")承擔所有來自本人及本人子女在參與夏令營時可能發生的任何性質的意外，人身傷害，疾病或死亡以及財產損失的所有責任或索賠。我了解夏令營領導人員將盡一切合理的努力為我的孩子提供安全和關愛的環境。

Medical Custody 醫療監管

In case of emergencies, and LBCM Koinonia Camp staff are unable to reach me or my spouse or other guardians, I hereby authorize LBCM Koinonia Camp staff to provide consent for medical interventions and to authorize medical personnel to provide medical assessment, treatments or procedures for my child. My child(ren)'s Health Card number may be used or be disclosed for the purpose of facilitating care in the event of a medical emergency. I am responsible for all expenses incurred by emergency treatments or services.

當有緊急事故，以及夏令營有關的工作人員未能即時聯絡上本人、本人的配偶或其他監護人時，我在此授權予 LBCM 提供同意書為我孩子接受治療並授權任何醫生或醫院為我的孩子提供醫療評估或治療。本人現提供本人子女之安省醫療咭號碼，以便夏令營有關的工作人員可以在需要醫療看顧時使用。本人將會負責所有緊急治療或服務的費用。

Publicity 媒體宣傳

I give permission to Logos Baptist Church (Milliken), or LBCM hereinafter, or anyone authorized by LBCM, to take photographs and or videos of my child(ren) with the use of a camera, video or other film equipment. These photos may be reproduced and used for the purpose of LBCM children program promotion. I acknowledge and agree that photographs of my child(ren) taken by LBCM shall be the exclusive property of LBCM and can be reproduced without compensation or payment of any kind to me or any other person. I agree that I will not hold LBCM responsible for any harm that may arise from any authorized or unauthorized reproduction.

本人允許 LBCM 或 LBCM 授權的任何人使用攝影機或攝錄機替本人子女拍照或錄下影像，這些照片和 / 或錄像可以復制以供 LBCM 之用。我同意 LBCM 拍攝的兒童照片和/或錄像應為 LBCM 的專有財產，無需向我或任何其他人士作任何形式的支付。我同意，我不會要求 LBCM 對任何授權或未經授權的複制可能造成的任何傷害負責。

Personal Information 個人資料

I understand LBCM is collecting and retaining this personal information for the purpose of enrolling my child in programs, to assign my child to appropriate classes and to inform me of program updates. This personal information will be securely and permanently kept as it is a requirement of our insurance company and legal counsel. This information will not be released to any party without my knowledge or consent.

本人知道 LBCM 會收集和保留個人資料，目的是讓我的孩子參加課程，將我的孩子分配到相應的課程，並通知我有關課程的更新。這些資料將被安全永久保存，以配合保險公司和法律顧問的要求。這資料不會在未經我知情或同意下轉發給他方。

Personal Conduct 個人行為

I agree that in the event that my child conducts him/herself in a manner that is disruptive; the child will be dealt with appropriately, including the possibility of withholding my child(ren) from activities for the day and/or contacting the parent(s) and /or sending the child home at my expense. LBCM Koinonia Camp Supervisor(s) or Director(s) reserve the right to terminate the registration of my child(ren) if, in the opinion of the Supervisor(s) or Director(s), it is in the best interest of my child(ren) or LBCM Koinonia Camp. In this situation, a proportional refund will be made to me.

本人同意，本人子女若有行為不當而影響其他兒童或夏令營的進行；夏令營有關的工作人員有權終止本人子女繼續參與或聯繫家長將孩子送回家，費用由我自己承擔。夏令營監督或總監認為為了本人子女及 / 或夏令營的好處，可保留權利去終止本人子女的註冊，而部份費用將會退還本人。

Special Need 特殊需要

I understand LBCM Koinonia Camp does not provide one-to-one support to any participating child(ren). Therefore, the camp will consider the registration of child(ren) with the following conditions: Autism, Asperger's Syndrome, ADHD (Attention Deficit Hyperactive Disorder), and DD (Developmental Disability) **only** on the condition that a full-time support helper is available and can be provided by LBCM.

本人知道夏令營沒有一對一的照顧援助。因此，LBCM 只有在有全職援助情況下，才可為有以下特殊條件的孩子提供註冊：自閉症、阿斯伯格綜合症、注意力缺陷多動症（注意力缺陷多動障礙）和 DD（發育障礙）。

Withdrawal / Changes 撤消/更改

I understand that request for withdrawal or any changes to the registration must be submitted at least 2 weeks prior to their first day of camp. There will be a \$50 administration fee for withdrawal and \$30 for changes made to a different week(s).

本人知道撤回註冊或任何更改要求必須至少在夏令營第一天的 2 週前提交。取消註冊將收取 50 元的行政費，更改至不同的夏令營周則收取 30 元。

I acknowledge and agree LBCM Koinonia Camp Supervisor(s) and or Director(s) reserve all rights to make final decision for all applications and arrangements.

本人明白夏令營監督或總監對本人子女的申請和安排有最終的決定權。

By signing this document, I acknowledge having read, and understand and agree to the above authorization.

本人已閱讀、明白及同意以上的條文及授權，並在下簽名作實。

Parent/Guardian Name: _____

家長/監護人姓名

Parent/Guardian Signature: _____

家長/監護人簽名

Signature Date: _____

簽名日期