

REGISTRATION

Child's Name: _____

Address: _____

City/Zipcode: _____

Home Phone: _____

Email: _____
(for registration confirmation)

Grade (completed in June): _____

Age: _____ Birth Date: _____

Scholarships are available. Call for info.

_____ Son Rock Kid's Camp
4 yrs (as of 12/1/08) - 5th Grade
Space may be limited, register early.
_____ \$7
per person

_____ VBS Friday Night Family Campout
_____ \$3
per child

_____ Art Camp
1st thru 5th Grade
Space limited
_____ \$50
per person

_____ Dance Camp
3 yrs - 2nd Grade or 3rd-5th Grade
_____ \$35
per person
_____ \$15

(\$15 each additional family member)

Total: _____
Register at the Children's Kiosk, by mail, or
drop off at the Haven church office, 5350
N. Sprinkle, Kalamazoo, MI 49004 (M-F
8:30-4:00pm). Please complete both sides
of the registration form. **Payment must
accompany registration to hold your space.**
Questions? Call Pastor David at 344-5871
x 34.

Dance Camp "Joseph, King of Dreams" (based on an unrated movie by Dreamworks) July 27-31

Younger Session:

- 3 year olds - 2nd Grade
(completed in June)
- 9:30-11:30am - Monday thru
Thursday
- 4:00pm - Rehearsal Friday

Older Session:

- 3rd thru 6th Grade (completed in
June)
- 12:30-3:00pm - Monday thru
Thursday
- 2:00pm Rehearsal Friday

General Information:

- \$35 per person or \$15 for each
additional family member
- Learn the art of dance and
creative movement
- Use the gift of dance to share
our lessons learned
- Hear Bible stories based on the
life of Joseph
- Friday night performance 6:30pm
for family and friends
- Taught by Haven's Creative
Dance Team
- Sign up soon - class size is
limited



HAVEN CHURCH CHILDREN'S SUMMER PROGRAMS 2009

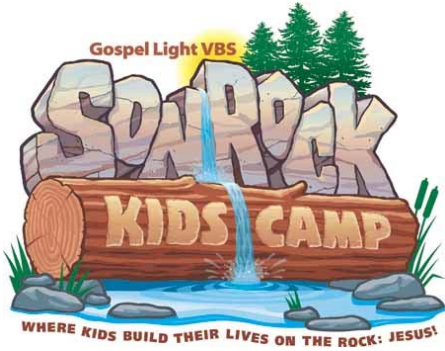


Son Rock Kid's Camp
June 22-26
4 years thru 5th grade

Art Camp
July 20-24
1st grade thru 5th grade

Dance Camp
July 27-31
3 years thru 6th grade

Haven Church
5350 N Sprinkle Rd
Kalamazoo, MI 49004
(269) 344-5871
www.haven-church.org



June 22-26

Not only will children engage in Bible stories at "Lookout Point" during the week, but they will have the opportunity to end the week with a family campout on church property, Friday night, June 26th. Come, feel the warmth of a Son Rock campfire and make a s'more! (see enclosed insert)

- 4 year olds (as of 12/1/08) thru 5th grade (completed in June)
- 9:00am-12:00pm, Monday thru Friday
- \$7 per person
- Space may be limited so register early.
- Closing program Friday at 12pm
- Share and sing on Sunday, June 28th at Haven's 11:15am Worship Gathering



"God's Amazing Creation"

Art Camp

July 20-24



Through drawing, painting, using pastels, oil pastels, water colors and other mediums, we will visually communicate our gratitude to God for his gift of nature.

"You alone are the LORD. You made the heavens, even the highest heavens, and all their starry host, the earth and all that is on it, the seas and all that is in them. You give life to everything, and the multitudes of heaven worship you."

Nehemiah 9:6

- For 1st thru 5th grades (grade completed in June)
- Monday thru Friday 9:00am-12:00pm
- \$50 per person
- Taught by local elementary art teacher, Margaret Vander Plas and local artists
- Art Exhibit Friday at 12pm for art students and families
- Limited space so register early.



I give permission for the child listed below to attend the Haven Church Children's Ministry Program(s)

Child's Name: _____

Date of Birth: _____ Age: _____

Parents:

Mom - Name: _____

Work #: _____ Cell # _____

Dad - Name: _____

Work #: _____ Cell # _____

Who does the child reside with? _____

Emergency Contact:

In an emergency, who should we contact if we can't reach a parent?

Name: _____

Phone: _____ Relationship: _____

Health History:

The child listed above has or is subject to:

1. Known health conditions? Yes No
If yes, explain _____
2. Known allergies? Yes No
If yes, explain _____
3. Any other info we need to know?

Authorization:

The health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leaders in charge, to hospitalize, secure proper anesthesia, or to order treatment or surgery for my child, which may appear to be reasonably necessary. I agree to hold the ministry leaders and Haven Reformed Church harmless from liability therefore. I also give Haven Reformed Church permission to use photos of my child in church brochures, media, website, mailings or any other promotional materials for Haven Reformed Church.

Parent or Guardian Signature _____ Date _____