



SUNSET MINISTRY
3010 Noriega Ave. (at 37th Ave.)
San Francisco, CA 94122
Phone: (415) 753-3950
www.sunsetministry.com

Email: officesunsetministry@gmail.com
Office hours: By Appointment only

Join us for Sunday Worship Service @ 10AM
Sunday School (Nursery thru High School) @ 10AM

Senior Pastor: Rev. Dr. Jerry Mann
Church Administrator: Susie Chong
Worship Director: Roberto Garcia



Visit us online at SunsetMinistry.com

SUNSET MINISTRY
Summer Day Camp Program

June 18 - July 20, 2018

About Sunset Ministry

Sunset Ministry of San Francisco has been serving the Sunset district since January 1998. We have planned an action packed five-week program for children entering kindergarten through entering 7th grade in the Fall of 2018. As positive role models, our counselors provide campers with an enriching experience through Bible lessons, art, crafts, cooking, games, music, singing, sports activities, and field trips. Our small leader to camper ratio provides your child with the personal attention and care he/she needs. NO lunch is included. (see inside for more info) Afternoon snack will be provided.

Dates & Hours of Operation

June 18th - July 20st

Monday through Friday 9:00am to 3:30 pm.

Note that July 4th is a holiday and Day Camp will not be operating.

Extended care: 3:30-5:30 \$50/week (\$10 per day/camper)

July 4th week is \$45.

Open House :

Friday July 13 – 7:00pm

We invite parents, family and friends to our Open House to experience a showcase of what the campers have done.

Camp Location

3010 Noriega Street (at 37th Ave.)

San Francisco, CA. 94122

Phone: (415) 753-3950

Cancellation Policy:

Cancellation Fee of \$75 per child up to May 18

No refunds after May 18



Fun Field Trip to the Zoo

Please note:

Due to government budget cuts this year, lunch is currently NOT included. Campers must bring their own lunch (no nuts) and it must be ready to be consumed. We will not be able to heat up the camper's food. **HOWEVER, if you are currently enrolled in the San Francisco Unified School District (SFUSD) free lunch program, please be sure to check the box.** If there are enough campers enrolled in the SFUSD free lunch program, we may be approved for free lunch. In either case, an afternoon snack will be provided.

Emergency Contact

In case of emergency, we will contact the parent / guardian first. In the event that the parent / guardian cannot be reached, please list a secondary contact:

Name: _____ Phone: _____

Relationship to child: _____

Medical Insurance Co.: _____

Policy/subscriber No: _____

Doctor Name & Phone Number: _____

Dentist Name & Phone Number: _____

Medical Assessment

Camper #1 Allergies: Hay Fever Bee Sting Foods (detail below) None

Camper #2 Allergies: Hay Fever Bee Sting Foods (detail below) None

Other Allergies: _____

Dietary Restrictions: _____

Current Medications: _____

Medical information the staff needs to be aware of: _____

To best serve your child, please provide us with any additional information. Please note that children with special needs may require extra training and preparations by our staff.

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to emergency medical personnel to provide medical treatment for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Sunset Ministry and its agents. I understand the possibilities of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Sunset Ministry, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject(s) of this form.

Parent/Guardian Signature: _____ Date: _____

Attending all 5 weeks

Register by Sunday May 6 th (for first child)	= \$425
Additional siblings \$ 400 x _____	= _____
After Sunday May 6 th (for first child)	= \$475
Additional siblings \$425 x _____	= _____
Total	= _____

Not attending all 5 weeks

Attending (circle): Week 1 Week 2 Week 3 Week 4 Week 5

Register by Sunday May 6th

Cost for each week (for first child)	\$95
Additional sibling per week \$90 x _____	= _____

Register after Sunday May 6th

Cost for each week (for first child)	\$105
Additions sibling per week \$100 x _____	= _____

Total	= _____
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Full Payment is required to receive confirmation of enrollment.

Please make check payable to: **Sunset Ministry**

And submit payment to:

Sunset Ministry
3010 Noriega St
San Francisco, CA, 94122

Space is limited.

Sunset Ministry Summer Day Camp 2018 Camper Registration

Camper #1
Full Name: _____ Grade entering in Fall : _____

Birthdate: _____ Boy Girl In SFUSD Lunch Program

T-Shirt size (Check one) Youth : S M L Adult : S M L

Camper #2
Full Name: _____ Grade entering in Fall: _____

Birthdate: _____ Boy Girl In SFUSD Lunch Program

T-Shirt size (Check one) Youth : S M L Adult : S M L

Parent/Guardian: _____ email _____

Address: _____ City/Zip : _____

Home Phone: _____ Work/Mobile: _____

Parent/Guardian: _____ email _____

Address: _____ City/Zip : _____

Home Phone: _____ Work/Mobile: _____

Pickup Authorization

NO PERSON besides the parent/guardian and those listed below will be able to pick up your child from our program without a written and dated note from the parent / guardian. We request that you authorize only an adult, 18 years or older, to pick up your child.

Name: _____ Relationship to child: _____

Phone Number: _____

Name: _____ Relationship to child: _____

Phone Number: _____

Opt-Out Photo Authorization

From time to time, we take pictures of activities of and around the Summer Day Camp program. These pictures may be lawfully used to publicize, illustrate or advertise our program to others. For example, pictures may be found on, but not limited to, our website, DVDs/videos we publish and/or brochures.

I do NOT give authorization to have my child(ren)'s photographs distributed.

After Care (please circle entire week or the days needed)

Week 1 (June 18): M T W Th F (\$50 / week)

Week 2 (June 25): M T W Th F (\$50 / week)

Week 3 (July 02): M T Th F (\$45/ week)

Week 4 (July 9): M T W Th F (\$50 / week)

Week 5 (July 16): M T W Th F (\$50 / week)

of Campers : _____ x \$50.00 x # weeks _____ = _____ or

of Campers : _____ x \$10.00 x # of Days _____ = _____

Questions or Comments?