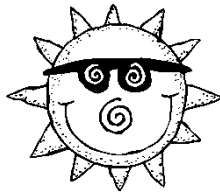


**Children's Music Camp  
Littleton UMC  
June 10-13, 2024**



Children entering grades 3-6 this fall are invited to take part in a great musical experience at LUMC's 33<sup>rd</sup> annual **Children's Music Camp**. Monday through Thursday from 9:00am to 2:00pm will be spent learning about music and playing games in preparation for a performance of a hilarious musical, which will be presented at 6:30pm on Thursday. A \$40 fee covers music, t-shirts and two field trips. If this fee is an issue, please contact David Kates at 303-794-6379 x 247, as scholarships are available.

Children are to bring their own lunches each day, and parents will be contacted about helping out with snacks for each of the three mornings or driving to one of the field trips.

Parents, please send in the registration fee (Checks payable to **LUMC**) and a completed form – one for each child – as soon as possible, but before the May 30<sup>th</sup> deadline. Call the church office if you have any questions, or if you would like to help as a chaperone on a field trip.

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**Registration Form 2024** *(Detach here and keep above portion for your records)*

Child's Name \_\_\_\_\_ Grade Fall 2024: 3 4 5 6 (Circle)

**T-Shirt Size** (cotton): Child Sizes XS S M L XL OR Adult S M L XL (Circle one)

Address \_\_\_\_\_ City / Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Notify in case of emergency \_\_\_\_\_ Day Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies or other information staff should know \_\_\_\_\_

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**Liability Release** *(Please sign and initial as indicated)*

I hereby give permission for LUMC to call 911 for medical care for \_\_\_\_\_ should an emergency occur. I understand that a conscientious effort will be made to locate me or my spouse before any action is taken. It is further understood that if it is not possible to locate either one of us, the expense will be accepted by us.

I will not hold LUMC responsible for any injury incurred while participating in activities or volunteer work for either myself or my child. \_\_\_ **Parent Initial**

I understand that my child is expected to follow the directions of all camp counselors at all times, not following safety expectations may result in a refund of remaining days as the camper will be asked not to return. \_\_\_ **Parent Initial**

Parents may request that their children not be photographed or videotaped by LUMC staff and volunteers. Parents are not required to give permission for their children to be photographed or videotaped in order to participate in programs. \_\_\_ **Parent Initial**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Hospital \_\_\_\_\_  
Parent or Legal Guardian