Messiah’s Summer Kids’ Week
August 6-10, 2018

Sacred Creatures & Mystical Beasts

Celebrating creative expression & spirituality through art, stories, projects, and interfaith learning

9:00am - 12:00pm

Monday August 6 – Thursday August 9
at Church of the Messiah
6436 Montgomery Street, Rhinebeck, NY 12572

Friday August 10
at Wilcox Memorial Park, Route 199, Milan, NY 12571

open to kids ages 5-11
$30 per child / $45 for two children / $60 for family
Parent information:

Registration is now open for Messiah’s Summer Kids’ Week 2018, Sacred Creatures & Mystical Beasts. Kids ages 5-11 are invited to join us in exploring spiritual expression and expressive spirituality. Our days will weave together projects, art, organized play, and storytelling from interfaith traditions as we celebrate sacred creatures and mystical beasts from around the world—and create new creatures of our own!

Our program will run 9:00am–12:00pm, and will meet Monday, August 6 through Thursday, August 9 at Church of the Messiah, and on Friday, August 10 at Wilcox Memorial Park.

Registration details can be found on the attached registration form. Scholarships are available.

Completed registration form, permission form, and registration fee may be delivered in-person to Messiah’s parish office (6436 Montgomery Street, Rhinebeck), open most weeks from Monday–Friday 9:30am–1:30pm, or sent by mail to: Church of the Messiah P.O. Box 248 Rhinebeck, NY 12572

Questions can be directed to Messiah’s Director of Family Programs, Gilda Lyons, at: gilda@gildalyons.com
Registration form for kids ages 5-11

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Sacred Creatures & Mystical Beasts

Child’s Name____________________________________________________________

Date of Birth______________________ Grade in Sept._________ Age_________

Parent/Guardian_________________________________________________________

Address________________________________________________________________

City, St_________________________________________ Zip____________________

Home Phone_________________________ Cell Phone________________________

Email___________________________________________________________________

Emergency Contact Name and Phone Number:
_____________________________________________________________________

Special Needs/Allergies__________________________________________________
_____________________________________________________________________

Who will be picking up child from camp?____________________________________
_____________________________________________________________________

Registration Fee:
$30 per child / $45 for two children / $60 for family

Checks can be made out to Church of the Messiah with Memo: Summer Kids’ Week 2018
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Please turn over and complete Permission, Photo and Medical Release Form
Permission, Photo and Medical Release Form

Participant’s Full Name:_________________________________________________________

Address:______________________________________City________State_____ Zip_______

Parent/Guardian Name:_________________________ Daytime phone__________________

Parish: Church of the Messiah        Parish City/Town: Rhinebeck, NY

I give permission for ______________________________________________to participate in a day
camp program sponsored by the Church of the Messiah on **Aug. 6-10, 2018**. I give my permission
for him/her to engage in all activities except as noted on the back of this form. I understand that I
am responsible for arranging this young person’s transportation to and from the event (even if
dismissed prior to the official end of the event because of unruly behavior). I understand that video
production and/or photography may be conducted during the program. I grant full and irrevocable
consent to the Church of the Messiah and those acting under its permission or upon its authority,
the unqualified right and permission to reproduce, copyright, publish, or otherwise use the
participant’s photographic likeness.

In case of medical emergency, I understand that every effort will be made to contact the parent or
guardian. In the event I cannot be reached, I hereby authorize and consent to any x-ray,
examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is
deemed advisable by and is to be rendered under the general or special supervision of any
licensed medical personnel on the staff of any licensed hospital. This authorization is given in
advance of any specific diagnosis, treatment or hospital care required, but is given to provide
authority and power to render care which is deemed advisable in the best judgment of the
physician. I am responsible for payment of all fees incurred.

I hereby indemnify, agree to hold harmless, and waive any claim against the Congregation named
above, the Episcopal Diocese of New York, its members, representatives, officers, agents,
employees, directors, and each of them for any and all past, present or future loss to property,
and/or bodily injury resulting from any activities engaged.

DATE_______ SIGNATURE___________________________ RELATIONSHIP___________________
BIRTHDATE OF MINOR________________DATE OF LAST TETANUS SHOT__________________
FAMILY PHYSICIAN________________________________________PHONE_____________________ 
FAMILY DENTIST___________________________________________PHONE_____________________
MEDICAL INSURANCE COMPANY____________________________POLICY#_________________ 
NAME OF POLICY HOLDER_________________________________________________________
ANY DRUG OR FOOD ALLERGIES____________________________________________________
SPECIAL NEEDS (INCLUDING DIETARY) _______________________________________________
EMERGENCY CONTACT____________PHONE_______________RELATIONSHIP_______________