

UU Church of Davis

Chalice Camp: Our Spectacular Senses!

Come explore your senses with us!



For Children Ages 4 to 12.

July 25–29, 9am-3pm (optional aftercare, 3-5pm*).

Cost: \$180 (1 child), \$300 (2 children), \$420 (3 children). Scholarships available upon request.

*Aftercare: 3-5pm, \$25 per child (minimum 8 children signed up for aftercare by start of camp week to offer)

Food: Please bring lunch and water bottle for each child; 2 daily snacks provided.

UU Church of Davis campus, 27074 Patwin Road, Davis, CA 95616 (West Davis, off Russell Blvd)

Each day of the week we will explore one of our five senses of sight, sound, taste, touch, and smell. Campers will have the opportunity to explore mindfulness techniques as they get to know their senses better. They'll practice walking in the shoes of people living with disabilities, learning about the privilege that comes with abilities we may take for granted. In the afternoons we will learn, relax, and play together. Details:

Interim Director of Lifespan Learning, Adrean Dills: re@uudavis.org

Religious Exploration (RE) Coordinator, Meghan Kelly: re.coordinator@uudavis.org

Chalice Camp Registration

re@uudavis.org; 753-2581 x204; UUCD, PO Box 73710, Davis CA 95617-3710

REGISTRATION FEE INCLUDED WITH FORM: (PLEASE CIRCLE ONE)

Please make checks out to UUCD, memo, "Chalice Camp."

I child: \$180

2 children in one family: \$300

3 children in one family: \$420

Our family will need after care from 3PM-5PM following camp for \$25 a day per child. Please circle the days you will be needing care. Care will only be offered for days when at least 5 children request care.

Monday

Tuesday

Wednesday

Thursday

Friday

Our family will be seeking a reduced fee and/or work study opportunity to account for lower fee. We understand that we will be contacted by the DLL (Adrean Dills) about what options are available.

Yes

No

CHILD'S (CAMP PARTICIPANT'S) INFORMATION:

Child's Name:

Gender:

Birth Date & Current Age:

Grade in Fall:

Special needs, medical conditions, or dietary concerns:

Allergies:

Child's Name:

Gender:

Birth Date & Current Age:

Grade in Fall:

Special needs, medical conditions, or dietary concerns:

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Allergies:	
Child's Name:	Gender:
Birth Date & Current Age:	Grade in Fall:
Special needs, medical conditions, or dietary concerns:	
Allergies:	
MEDICAL CONTACT INFORMATION:	
Physician's Name:	Phone:
Dentist's Name:	Phone:
Medical Insurance Company & Number:	
PARENT/GUARDIAN'S INFORMATION:	
Name(s):	
Email:	Address:
Daytime Phone:	Cell Phone:
EMERGENCY CONTACT INFORMATION:	
First Emergency Contact Name:	
Number:	Relationship to camper:
Second Emergency Contact Name:	
Number:	Relationship to camper:

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1. While children need not identify as a church member to attend this camp, I understand that the Unitarian Universalist Church of Davis is sponsoring this camp to further UU goals of exploration, justice, and inclusion. We affirm and promote the worth of people from all cultures, classes, and family structures. We foster compassion toward others and ourselves. We encourage individual exploration of spirituality based on personal experience and a sense of wonder. _____ (Parent initials)

2. By signing below, I authorize the above named child(ren) to participate in Chalice Camp at UUCD. I understand that UUCDs is not responsible for information I did not give them. _____ (Parent initials)

3. UUCD will attempt to honor dietary restrictions and protect children from known allergic reactions. I understand that it is only in the most necessary circumstances that UUCD will administer medication. Medication may only be administered by the senior staff on duty, and only under the guidance of a signed and up-to-date Medicine Administration Form. _____ (Parent initials)

3. Even though reasonable attempts will be made to contact parents in an emergency, I authorize my consent for the Unitarian Universalist Church of Davis and its representatives to obtain all emergency medical, dental, or first aid services needed to preserve the life, limb, or well-being of my child(ren). _____ (Parent initials)

4. I will do my best to drop off and pick up my child(ren) on time. _____ (Parent initials)

Thank you for your interest in Chalice Camp. We hope you and your child(ren) will enjoy this experience!

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____