

**ASLS
SONSHINE CAMP 2026
Presents**



FAITHFUL ADVENTURES

1 Corinthians 1:9

God is faithful, who has called you into fellowship with his son, Jesus Christ, our Lord.

At Abiding Savior Sunshine Camp, we know that through faith we can accomplish anything. Through exciting and creative STEAM activities, fun excursions and educational assemblies, all campers will explore science, technology, mathematics, arts, athletics, self-esteem, values, and more in a Christ-centered atmosphere.

HOW TO REGISTER:

- All campers must be entering 1st through 6th grade this fall.
- One-time **non-refundable registration fee: \$100 per camper.**
This fee includes your child's camp T-shirt.

PROGRAM INCLUDES:

- STEAM Activities, field trips, and an afternoon snack.
- No extra cost for excursions
- Each child must bring his/her lunch and beverage Monday-Thursday.
- **Sonshine Camp will provide lunch on Fridays.**

PROGRAM SCHEDULE & RATES:

- Sonshine Camp will operate every week from June 15 - August 7, 2026
- No camp: Friday, July 3, 2026.
- Sonshine Camp hours are from 7:30 a.m. to 5:00 p.m.
- **Weekly Fee: 5 DAY – (4) or more days for a full week: \$350/\$295**
- **Counselor In Training (CIT: 6-8 grade) Rate: \$225***
- **Daily Rate: \$85 | Field Trip/Excursion Days Daily Rate: \$95**
- ***See the Fee Schedule for options.**

CAMP PAYMENTS:

- All fees are billed through FACTS. Weekly fees are due on the Wednesday before each week of attendance.
- A \$35 late fee will be charged for late payments, returned checks and/or credit card charges.
- A \$75 fee will be charged for a registered campers non-attendance without prior notification.

MORE INFORMATION:

ASLS Sonshine Camp few simple rules:

1. Dress cool and casual in clothes that are designed for rugged outdoor play. Closed-toed shoes must be worn, except for Beach Days.
2. Apply sunscreen every day before you come to camp.
3. Your child will need to bring a full water bottle, morning snack, and lunch daily. We provide an afternoon snack.
4. If your camper brings his/her electronic device, please make sure they are labeled. A.S.L.S. Sonshine Camp is not responsible for any lost possessions.
5. If your camper brings his/her bicycle, razor scooter, or roller blades to camp, they must also bring and wear a helmet. These must be brought home each night. **NO MOTORIZED SCOOTERS OR HOVERBOARDS AT CAMP!**
6. Read the **weekly "SCHEDULE OF EVENTS" Newsletter** that will be available each Monday. The newsletter will give you updates and reminders about activities in which your camper will participate.

FAITHFUL ADVENTURES

THEME	Monday	Tuesday	Wednesday	Thursday	Friday
JUNE					
THE ADVENTURE BEGINS	15 DAY 1	16 STEAM	17 BEACH	18 SK8 4 Life Assembly	19 Cotton Candy Waterslide
ROLLIN' WITH THE TIDE	22 STEAM	23 STEAM	24 FOUNTAIN VALLEY SKATE	25 Tide Pool Encounter	26 Under the Sea Waterslide
JULY					
WONDERFUL WORLD OF WATER	29 STEAM	30 STEAM	1 BEACH	2 Best Bubble Party Assembly	3 NO CAMP
A QUEST OF FAITH	6 STEAM	7 STEAM	8 MEDIEVAL TIMES	9 Magic of Science Assembly	10 Castle Waterslide
SON, SAND & SCIENCE	13 STEAM	14 STEAM	15 BEACH	16 Science of Magic (Magician)	17 Wave Waterslide
RAINFOREST FALLS Exploring the Nature of God	20 VBS	21 VBS	22 NO EXCURSION VBS	23 VBS	24 VBS
FEARLESS FOLLOWERS	27 STEAM	28 STEAM	29 AMERICAN NINJA WARRIOR	30 Reward Magic Show (Magician)	31 Ninja Warrior Obstacle
AUGUST					
YOUR ADVENTURE AWAITS	3 STEAM	4 STEAM	5 OC FAIR	6	7 LAST DAY

PLEASE NOTE:

THE CALENDAR IS AS ACCURATE AS POSSIBLE WHEN PRINTED. REFER TO THE "SCHEDULE OF EVENTS" NEWSLETTER EACH WEEK FOR UPDATES.

School Office: 949-830-1461 | ESC: 949-837-4289 | abidingsavior.com



SONSHINE DAY CAMP 2026

JUNE 15 – AUGUST 7

ATTENDANCE CONTRACT

Please complete a separate attendance contract for each Camper

Camper's Name: _____

Grade in Fall '26: _____

Parent's Name: _____

- ☺ Please clearly mark the appropriate boxes indicating your child's planned attendance.
- ☺ One-time non-refundable registration fee: \$75 per camper must accompany this contract. The registration fee includes your child's camp T-shirt for Sonshine Camp.
- ☺ **Weekly Rate:** 5 Day-four (4) or more days a week (Mon.-Fri.): **\$350/\$295.**
Daily Rate: \$85 | **Field Trip Daily Rate:** \$95.
Counselor In Training (CIT: 6-8th grade) Rate: \$225
See Fee Schedule for options
- ☺ All Fees are billed through FACTS. Weekly fees are due no later than the Wednesday before each week of attendance. A late fee of \$35 per camper will be charged for payments received after the due dates. A \$35 fee will be charged for any returned check or credit card charge. A \$75 fee will be charged for non-attendance.
- ☺ T-shirt size: XS (4-6): _____ S (6-8): _____ Medium (8-10) _____ Large (10-12): _____ Adult Small _____

THEME	WEEKLY OPTION	DAYS ATTENDING	
WEEK 1: JUNE 15-19 THE ADVENTURE BEGINS Beach	<input type="checkbox"/> 7:30 am - 5:00 pm	<input type="checkbox"/> ALL WEEK	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> 8:30 am - 3:00 pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
WEEK 2: JUNE 22 - 26 ROLLIN' WITH THE TIDE Fountain Valley Skate	<input type="checkbox"/> 7:30 am - 5:00 pm	<input type="checkbox"/> ALL WEEK	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> 8:30 am - 3:00 pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
WEEK 3: JUNE 29-JULY 2 (No camp 7/3) WONDERFUL WORLD OF WATER Beach	<input type="checkbox"/> 7:30 am - 5:00 pm	<input type="checkbox"/> ALL WEEK	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> 8:30 am - 3:00 pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
WEEK 4: JULY 6-10 A QUEST OF FAITH Medieval Times	<input type="checkbox"/> 7:30 am - 5:00 pm	<input type="checkbox"/> ALL WEEK	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> 8:30 am - 3:00 pm	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday
WEEK 5: JULY 13-17 SON, SAND AND SCIENCE Beach	<input type="checkbox"/> 7:30 am - 5:00 pm	<input type="checkbox"/> ALL WEEK	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> 8:30 am - 3:00 pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
WEEK 6: JULY 20-24 RAINFOREST FALLS, EXPLORING THE NATURE OF GOD VBS	<input type="checkbox"/> 7:30 am - 5:00 pm	<input type="checkbox"/> ALL WEEK	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> 8:30 am - 3:00 pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
WEEK 7: JULY 27-31 FEARLESS FOLLOWERS American Ninja Warrior	<input type="checkbox"/> 7:30 am - 5:00 pm	<input type="checkbox"/> ALL WEEK	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> 8:30 am - 3:00 pm	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday
WEEK 8: AUGUST 3-7 YOUR ADVENTURE AWAITS OC Fair	<input type="checkbox"/> 7:30 am - 5:00 pm	<input type="checkbox"/> ALL WEEK	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> 8:30 am - 3:00 pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday

Priority will be given to full-time campers; however, every effort will be made to accommodate each child and schedule. Please fill out this contract for the entire summer:

- ☺ To add, cancel or change this contract, please submit in writing, **at least 2 WEEKS IN ADVANCE**, your proposed change.
- ☺ If your camper is a no-show on a week that you have indicated attendance and you have not submitted a request to cancel or reschedule, you will be charged a \$75.00 fee for non-attendance.
- ☺ No more than 20% of this contract may be changed.
- ☺ All contract changes are subject to the approval of the Sunshine Camp Director.



- I agree to follow the policies and procedures of Abiding Savior's Sunshine Camp 2026 Program.
- I understand that I will be billed a \$75 registration fee per child unless payment is remitted with this attendance contract.
- I understand that my child is expected to come to camp with a positive attitude and a willingness to participate.
- I understand that, for safety reasons, my child is required to wear his/her day camp shirt on all major excursions as noted in each week's Monday Note. If this does not occur, I further understand that my camper will be provided a day camp shirt for the day, and I will be charged a \$5 shirt fee.

PLEASE RETAIN A COPY OF THIS CONTRACT FOR YOUR RECORDS.

Parent's Signature: _____

Date: _____

FOR STAFF USE ONLY

AMOUNT RECEIVED: _____	DATE: _____	
CHECK # _____	CASH RECEIPT # _____	STAFF INITIALS _____



**ABIDING SAVIOR LUTHERAN SCHOOL
SONSHINE DAY CAMP 2026
AUTHORIZATIONS, CONSENTS, AND NOTIFICATIONS**

Child's Name: _____

Child's Grade Fall 2026: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____ Cell

Phone: _____ Cell Phone: _____ Email

address: _____ Email address: _____ Child

Lives with Mother, Father, Both, Special Arrangements: _____

If a representative from Abiding Savior Lutheran School is unable to reach me in an emergency, he/she is authorized to contact and/or release my child to any of the following (must be 18 years or older):

Name: _____ Name: _____

Phone: _____ Phone: _____

I will notify the staff **IN WRITING** when someone other than those listed above will be picking up my child(ren).

_____ **PARENT INITIAL**

understand **ALL** children are to wear their **CAMP T-SHIRTS** on **EXCURSION DAYS!** (If a camper does not come wearing a camp shirt, one will be "Loaned" to the camper, and the parent will be charged a \$5 fee for such service.)

All campers are required to keep their camp shirts on at all times while at the beach. We will transport our campers via school bus to T Street Beach in San Clemente, CA.

My child is _____ is NOT _____ water safe.

_____ **PARENT INITIAL**

PLEASE COMPLETE BOTH SIDES OF THIS FORM



**ABIDING SAVIOR LUTHERAN SCHOOL
SONSHINE DAY CAMP 2026
AUTHORIZATION AND CONSENT TO TREATMENT FOR**

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Camper's Name: _____

I, _____, give consent for my child to receive first aid, medical treatment, or any other services rendered in the event of an injury, accident, or illness while participating in Abiding Savior Sunshine Camp activities. I agree and acknowledge that Abiding Savior is under no obligation to provide such medical treatment. I ACKNOWLEDGE THAT ANY INJURIES THAT MY CHILD SUSTAINS MAY BE COMPOUNDED BY NEGLIGENT FIRST AID OR EMERGENCY RESPONSE OF ABIDING SAVIOR PERSONNEL OR OTHER INDIVIDUALS OR EMERGENCY PERSONNEL.

Parent Signature: _____

Doctor's Name: _____

Address / Phone: _____

Hospital of preference and phone: _____

My child is allergic to the following medications and anesthetics: _____

Please list the medications required for any of the above conditions: _____

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY EXPENSES INCURRED FOR MEDICAL CARE AND/OR TRANSPORTATION FOR MY CHILD.

_____ **PARENT INITIAL**

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I AGREE TO ALL AUTHORIZATIONS, CONSENTS, AND NOTIFICATIONS AS LISTED ON THIS FORM. I understand that this authorization may be photocopied, with the original kept in the office files.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____



SONSHINE DAY CAMP JUNE 15 – AUGUST 7, 2026 FIELD TRIP WAIVER

Please complete a separate waiver for each camper

PLANNED EXCURSIONS:

JUNE	JULY	AUGUST
June 17 – T Street (San Clemente)	July 1 – T Street (San Clemente)	August 5 – Orange County Fair (Costa Mesa)
June 24 – Fountain Valley Skate Park (Fountain Valley)	July 8 – Medieval Times (Buena Park)	
	July 15 – T Street (San Clemente)	
	July 29 - American Ninja Warrior (Santa Ana)	

**WALKING EXCURSIONS (SEE WEEKLY EVENT SCHEDULE)*

My child, _____, has permission to attend the Sunshine Day Camp excursion/s.

I acknowledge and accept that my child, _____'s, participation in the Abiding Savior field trip/s listed above is entirely voluntary and my child and I voluntarily assume all risk. Risks could include, but are not limited to, personal injury, damage to clothing and/or equipment, loss of property, death, act of God, separation from the group, and/or damage and injury to others. I understand and agree that neither my child's actions nor the actions of any other person can necessarily be controlled and that my and my child's safety and health cannot be guaranteed while participating in the field trip.

I understand that school rules and regulations will be in effect. I have also ensured that my child understands that it is important for his/her safety and the safety of the group that all rules and instructions given by the field trip supervisors are followed.

I consent for my child to receive first aid, medical treatment, or any other services rendered in the event of an injury, accident, or illness while participating in this field trip. I agree and acknowledge that Abiding Savior is under no obligation to provide such medical treatment. I ACKNOWLEDGE THAT ANY INJURIES THAT I OR MY CHILD SUSTAIN MAY BE COMPOUNDED BY NEGLIGENT FIRST AID OR EMERGENCY RESPONSE OF ABIDING SAVIOR PERSONNEL OR OTHER INDIVIDUALS OR EMERGENCY PERSONNEL.

In consideration of your agreeing to take my child on the above trip. I hereby agree not to hold the school, any individual employed by the school, volunteers, or the church leadership liable for any expense, loss, personal injury, or accident to my child that is not the result of any negligent act or willful default of any employee or agent of the school. I will not bring any suit or assert any claim against Abiding Savior Lutheran Church and School or the field trip supervisors due to any action taken.

PROMISE NOT TO SUE

I hereby agree and covenant not to bring a claim against, sue, demand compensation from, or attach the property or assets of Abiding Savior for any damages, injuries, or claims arising or resulting from my participation in this activity and forever release and discharge Abiding Savior from liability under such claims.

- ✘ A chartered school bus will be used for all excursions listed above.
- ✘ All children in 1st - 2nd Grade will be seated in a booster seat provided by the bus company.

Parent's Signature _____ Date _____



2026 FEE SCHEDULE

JUNE 15 - AUGUST 7

REGISTRATION FEE \$100

NON-REFUNDABLE | PER CAMPER | INCLUDES CAMP T-SHIRT

WEEKLY FEE

INCLUDES DAILY AFTERNOON SNACK | STEAM ENRICHMENT | FIELD TRIPS

MONDAY - FRIDAY 7:30 AM - 5:00 PM \$350 WEEK

MONDAY - FRIDAY 8:30 AM - 3:00 PM \$295 WEEK

RATE OPTIONS:

DAILY RATE \$85

FIELD TRIP RATE \$95

COUNSELOR IN TRAINING (CIT)

CIT 6TH - 8TH \$225

**ALL WEEKLY PAYMENTS ARE DUE THE WEDNESDAY
BEFORE EACH WEEK OF ATTENDANCE**

NON-ATTENDANCE FEE \$75

LATE FEE \$35

RETURNED CHECK OR CREDIT CARD CHARGE \$35