



WESTERN DIOCESE
OF THE ARMENIAN CHURCH



Dear faithful,

We joyfully announce the 2025 Sound of Children at St. Leon Church, Our 6th Annual Musical Summer Program.

Last three Summers Sound of Children had a wonderful Summer/Cultural and Musical Day Camp at St. Leon Church, which was a great success. We are happy to advise you this year also the summer program will take place at St. Leon Church grounds.

“Sound of Children”

Through the efforts of Director, Sirvart (Sylvia) Kavoukjian and her dedicated staff, we are planning to have a new wave of art and music integration into our church’s youth. This year’s theme is all Armenian and All for Armenia. “I **Am** Armenia” is the theme of this year and will be the title of the grandiose performance at Alex Theater on August 3, 2025. All campers are invited to perform at this grandiose event and make us all proud of them and our history and culture. We encourage parents to take full advantage of this inspiration, engagement, and empowerment of young minds.

St. Leon Church’s “Sound of Children” Summer Program is a unique musical art school that will enrich the children’s knowledge of Armenian culture and sharpen their artistic skills.

The youth is the primary focus of St. Leon Church. We thank you for your support.

With prayers,

Fr. Khajag Shahbazyan

Growing in Faith, Building our Future!



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St. Leon Church “Sound of Children” Summer Program 2025

St. Leon “Sound of Children” Summer Program was created to promote our beautiful culture and heritage to our children and make them appreciate it and welcome it into their lives from a very young age.

Our children today are deprived of many cultural and important values, like art and music, poetry, and dance, etc. By introducing these important elements from an early age, it will help them be better humans and broaden their views, imagination, and capabilities in life. It will also boost their self-recognition and shape them by creating caring individuals with kinder souls.

We are happy to introduce a “Musical and Armenian Cultural” summer program to all the children from ages 5-14 again this summer at our St. Leon Church campus. Our program hours are from 8:30AM to 3:30 PM 5 days a week. The program runs for 8 weeks starting on Monday, June 9, through Friday, August 1.

We carefully choose each summer’s theme to expand our children’s creativity and boost their passion towards art and music, culture, and identity awareness. Every summer we have one (1) Armenian show performance and one (1) international musical performance. In the past we have witnessed that musical themes are big hits among our children and parents alike. This year, however, among all the favorites, we will be devoting our love and our summer to our homeland Armenia. The theme and the title of this summer camp is “**I AM Armenia**” “**Ես եմ Հայաստանը**”. Our country needs our love, support and prayers more than ever and our children need to be tightly connected to their roots, learn about their country and history, love their music and culture, and stand by their people. We hope and believe the children will do an amazing job and have a lot of fun with this theme.

As we did before, our programs will include daily Armenian language classes, music, science, literature, sports, arts & crafts, chess, cooking classes, dance, competitions, and plenty of games and fun activities.

Nutrition is very important to us; therefore, our children will be served breakfast, snacks, and lunch daily. All meals will be made fresh daily and will include plenty of fruit and vegetables.

Our counselors, aids, and volunteers are carefully chosen so that they can be fully dedicated to our children’s safety and lovingly discipline them and nurture their beautiful souls and body.

We are very excited about our program for 2025, and we hope to have another successful summer program.

Thank you,

Sirvart (Sylvia) Kavoukjian
Founder and Director
Sound of Children Cultural Program



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***St. Leon Armenian Church “Sound of Children”
2025 Summer Program
(Information sheet)***

- When:** June 9– August 1, 2025 (8 – weeks)
- Who:** 5-14 years old boys and girls
- Where:** St. Leon Armenian Church
grounds 3325 N Glenoaks Blvd.
Burbank, CA 91504
(818) 558 7474
- What:** Music and cultural program, songs, activities, play, crafts, sport activities, cooking, chess, ethics, dance, science, art, Armenian and religion classes
- Food:** All healthy meals (Breakfast, Lunch and 2 healthy snacks) included in the price

Program Hours & Price: **8:30AM to 3:30PM**
\$375.00 a week
\$100.00 Non-Refundable Registration Fee
\$100.00 Costume and Performance Fee

A one-time \$100.00 registration and \$50.00 deposit for each week’s registration is required to save your child’s spot.

Payment and policies

Payments required upon registration.

The \$50.00 is non-refundable and will be credited toward the balance of that week. Changes to weeks attending can be made 7 days prior. All Payments must be made no later than 7 days prior to your child’s program’s first day. If we don’t have the full week’s payment, we CANNOT guarantee your child’s place for that week.

What to Bring:

Please bring your own water bottle and towel

On water game days please bring swimsuit and extra towel

T-shirt every Friday



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St. Leon Armenian Church "Sound of Children" Registration For Summer of 2025

Last Name _____ 1st camper's 1st Name _____ Age _____

2nd camper's 1st Name _____ Age _____ 3rd camper's 1st Name _____ Age _____

Father's Name _____ Mother's Name _____

Parent's Occupation that may be helpful to Sound of Children program _____

Address: _____

Home Phone _____ Cell phone _____ Emergency phone _____

Email Address _____

How did you hear about us? Instagram/Facebook ___ Returning Camper ___ Friends/Family ___ Other _____

Camp Hours: 8AM – 4PM - Program Hours: 8:30AM to 3:30PM **Minimum 2 weeks registration required**

Weekly Tuition \$375.00 + \$100.00 Registration +\$100.00 Costume/Program fee (Registration fee includes 2 T-shirts, Armenian and Music Text and workbooks)

Sound of Children Cultural Program Cell Phone (818) 401-7800 Email address Info@soundofchildren.org

Western Armenian Eastern Armenian No Preference

Sibling Discount \$25.00 Weekly

Full Term Discount \$25.00 Weekly (upon full payment) Other Discount (explain on the back of the page)

Number of Week (s)* _____ \$50.00 deposit required for each registered week which will be credited toward that week's tuition. The amount will be lost in case of not showing that week.

Table with 8 columns: Week 1, Week 2, Week 3, Week 4, Week 5, Week 6, Week 7, Week 8. Dates range from June 9 to August 1.

*Camp will be closed on July 4 in observance of Independence Day.

Payment options: Total payments received _____

Check # _____ Cash _____ Credit Card _____ Number _____ Security Code _____

Cardholder's Name _____ Exp Date _____ CC Zip Code _____

Cardholder's Signature _____ Date _____

\$100.00 Registration Fee Per Child (Includes 2 T-Shirts, Music Books, and Textbooks) ALL PAYMENTS ARE NON-REFUNDABLE and MUST BE PAID IN ADVANCE Credit Card Processing Fee Applies. \$30.00 Fee will be charged for all nonsufficient fund checks.



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**St. Leon Church “Sound of Children”
Summer Program
EMERGENCY RELEASE FORM**

I (We) the undersigned parent(s) or legal guardian of _____ D.O.B. _____,
_____ D.O.B. _____, _____ D.O.B. _____

minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general supervision of any member of the medical staff and Emergency Room staff licensed under the provisions of the California Medicine Practice Act or a dentist licensed under the provisions of the dental Practice Act, and on the staff of any acute general hospital holding a current license for operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care, which the aforementioned physicians in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

PHYSICIAN'S NAME AND PHONE NUMBER _____

HEALTH INSURANCE CARRIER NAME _____ POLICY NUMBER _____

Any special medication taken/allergies or important information/comments:

I understand that emergency information is required by the St. Leon Church “The Sound of Children” Summer Program for the release and treatment of my child for any problem requiring possible emergency action. It is my responsibility to notify the school IMMEDIATELY of any change.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PRINT PARENT NAME _____



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***St. Leon Church “Sound of Children”
Summer Program***

PHOTO AND EMERGENCY PICK UP RELEASE FORM

I hereby grant St. Leon Armenian Apostolic Church (Sound of Children) permission to use my child’s likeness in photographs and/or video in all of its publications, including Web space, and in any and all other media, whether now known or hereafter existing, **controlled by St. Leon Armenian Church**, in perpetuity, and for other use by the Summer Program. I will make no monetary or other claim against St. Leon Armenian Church Summer Program for the use of the photographs and/or video.

Student’s Name (print full name) _____

Parent’s Name (print full name) _____ Signature _____

Date _____

<u>IN CASE OF EMERGENCY</u>		
Emergency Contact _____		
Relationship _____	Phone _____	
Special Notes _____		
<u>AUTHORIZED PEOPLE TO PICK UP CHILD</u>		
1)Name _____	Relationship _____	Phone _____
2)Name _____	Relationship _____	Phone _____
3)Name _____	Relationship _____	Phone _____



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**St. Leon Armenian Church “Sound of Children” Summer Program
LIABILITY RELEASE FORM
Release of All Claims**

In consideration for being accepted by St. Leon Armenian Apostolic Church (St. Leon) for participating in **St. Leon Armenian Church “Sound of Children” Year Round Program**, we being 21 years of age or older, for ourselves, and for and on behalf of our child-participant if our child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless St. Leon Armenian Apostolic Church, and its officers, directors, members, agents, servants, volunteers, and employees from any and all liability, claims or demands for personal injury, sickness or death, as well as expenses, of any nature whatsoever, which may be incurred by the undersigned and/or the child/participant that we incur while our child-participant is participating in the above described activity.

Furthermore, we for ourselves and on behalf of our child-participant if under the age of 21 years hereby assume all risk of personal injury, sickness, death, damage and expense arising from participation in recreation and activities involved in the program. Further, we give authorization and permission to St. Leon Church to furnish any necessary transportation, food and lodging for the participant for the program activities.

The undersigned agrees) to hold harmless and indemnify, on behalf of signor and named participant, St. Leon Armenian Apostolic Church, its officers, directors, members, agents, servants, volunteers, and employees, for any damages, or third-party claims for indemnity, sustained by St. Leon as the result of the negligent, willful or intentional acts of the undersigned participant, including any expenses incurred by St. Leon related to such acts.

Unless this document is signed by a participant who is over 21 years old, by signing below my signature confirms I am the parent or legal guardian of the participant. I grant permission for him/her to participate fully in any activities during this program. By signing below, I give permission to St. Leon and/or its agent(s) to take the named participant to a doctor or hospital if a medical emergency occurs. If I or my designated emergency contact cannot be reached by tele-phone or other means in a reasonable amount of time, or in an emergency situation where time is of the essence, I authorize medical treatment, including but not limited to emergency surgery or medical treatment, to stabilize the participant if needed, and I assume the responsibility of any medical bills arising from that treatment. Further, if circumstances require the participant to leave the program for the day due to medical reasons, disciplinary action or otherwise, the undersigned hereby assumes responsibility for all transportation costs.

The use of plurals such as “we, ourselves,” etc., is intended to also encompass the singular and should be read as “myself” etc., where appropriate.

_____	Participant’s Physician: _____
Type or print name of Participant	Name of Practice: _____
_____	Physician’s phone: _____
Parent or Guardian home phone work phone	Emergency Contacts: (when parent or guardian is unavailable)
Hospital Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Relationship _____ <i>phone number</i>
Insurance Company: _____	
Policy Number _____	Name & Relationship _____ <i>phone number</i>

Signatures

Only participants need sign if 21 years of age or older. If under 21, *both* parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

Father’s Signature

Mother’s Signature

Legal Guardian’s Signature

Participant’s Signature