

The children's choir is anxious to depart for an overnight trip. But, before they leave, Dr. Newheart arrives to complete a last-minute "neck up check-up." Assisted in this "spiritual physical" by her colleagues, Dr. Newheart gives the children a Biblical perspective on how God would have us use our eyes, ears, mouth, neck, and mind.

Through a massive dose of humor and generous prescription of Scripture, this musical will help children and adults know how to keep their minds pure and their thoughts turned to the Lord.

**How to register:**

**Please mail completed registration form with camp tuition to:**

**Melanie Simpson  
3038 Raintree Village Drive  
Katy, TX, 77449**

**Checks are welcome!**

**Please make checks to  
Bering Church of Christ.**

**Your camp fee will be tax deductible!**

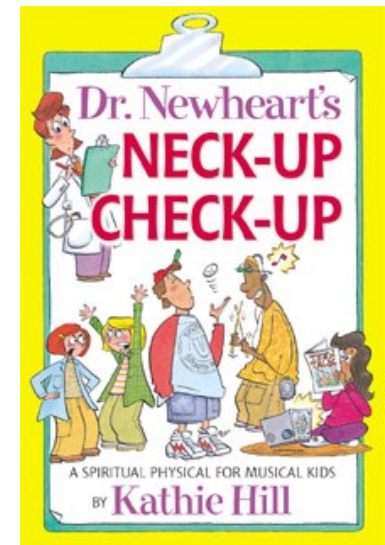
**For more information about  
Melanie's Melody, please check  
out my website:**

**[www.MelaniesMelody.com](http://www.MelaniesMelody.com)**

**Or call:**

**281-605-8634**

**Melanie's Melody  
presents:  
Summer Music Camp 2012**



**Monday 8/6—Saturday 8/11  
10 a.m. - 2 p.m. daily**

**Performance on Sunday 8/12  
6 p.m.**

**This camp is for children  
entering 1st -8th grade**

**Tuition: \$100 one child  
Multiple child (2+) discount  
\$85 per child**

**Bering Drive Church of Christ  
1910 Bering Drive  
Houston, TX 77057**

## Registration form

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Home address:

\_\_\_\_\_  
\_\_\_\_\_

Email address:

\_\_\_\_\_  
\_\_\_\_\_

Known allergies:

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical Release

I,

\_\_\_\_\_,  
hereby give my permission for any  
and all medical attention to be ad-  
ministered to my child,

\_\_\_\_\_,  
in the event of accident, injury or  
sickness.

I also assume the responsibility for  
the payment of any such treat-  
ment.

I release **Melanie Simpson** and the  
**Bering Drive Church of Christ**  
from liability in the event of acci-  
dent, injury or sickness.

My child is allergic to the following  
medications:

\_\_\_\_\_  
\_\_\_\_\_

I understand that my child will  
need to bring a lunch each day, ex-  
cept Saturday.

Parent signature

\_\_\_\_\_

Date

\_\_\_\_\_



About the director:

**Melanie Simpson** graduated from **Abilene Christian University** in **1995** with a **Bachelors of Music** degree with teacher certification. She taught elementary music in public schools for **6** years, and was named **Teacher of the Year** in **Katy ISD (Cimarron Elementary)**. Melanie served as a director of the **Katy ISD Elementary Honor Choir** during its inaugural year. After teaching, she served as **Children's and Worship Minister** at **Bering Drive Church of Christ** for **9** years before starting her own business, **Melanie's Melody**. Currently, she teaches private piano and voice lessons, group music classes for home-schoolers and various music camps. She lives in **Katy** with her husband of **14** years and their two children, ages **6** and **9**.