



**2024**

**Summer @ Union**

**Registration Packet**

Union Methodist Church  
302-337-7409

# Welcome!

Whether you are a first-time family or seasoned camp veterans, we are thrilled to welcome you to an amazing summer experience! To get your camper(s) ready, please read through this packet. It will provide the information you need as well as registration and health forms. If your child has special needs, please contact the Camp Director before registering to ensure that we will be able to provide a safe and fun opportunity for your child.

Contents of this Packet:

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- ✓ Tuition
- ✓ Daily Schedule
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## **WEEK #1 CAMP CANDYLAND (JUNE 17-21)**

What a tasty way to kick-off summer! Bring your sweet tooth and join King Kandy as we enjoy life-size Candyland, but watch out for the molasses swamp! The week wraps up with an old-fashioned taffy pull. It's sure to be a sweet week!

## **WEEK #2 WE THE PEOPLE (JUNE 24-28)**

With a national election only a few months away, we will focus on all that's great about being an American. We'll have a fun week learning about how our country works and why it's important to be involved. Don your red, white, and blue for our famous 4<sup>th</sup> of July Parade!

## **WEEK #3 NOTHIN' BUT NERF! (JULY 8-12)**

If you're looking for action, this is your week! Campers will develop creativity, problem-solving skills, and critical thinking through games of tag, scenarios, and obstacle courses. Each camper goes home with their own Nerf blaster!

## **WEEK #4 CAMPERS, START YOUR ENGINES! (JULY 15-19)**

This week is full throttle! Campers will showcase their creativity as they design, build and test their own Pinewood Derby car. Using large boxes campers will also construct their own race car to compete in the Union 500!

## **WEEK #5 NOT SO SCARY HALLOWEEN (JULY 29-AUGUST 2)**

Costumes and candy and foam...what's so scary about that? This week includes a costume contest, trunk or treating, and a foam party. Come have a boo-tiful week!

## **WEEK #6 WE ARE THE CHAMPIONS (AUGUST 5-9)**

As the world watches the Games of the XXXIII Olympiad from France, we will be going for our own medals! From our Olympic torch lighting on Monday to the awarding of gold on Friday it will be a jam-packed week of Olympic proportions, including an inflatable obstacle course.

## **WEEK #7 GLOBE TROTTIN' KIDS (AUGUST 12-16)**

Pack your bags as we travel to five different countries without leaving Bridgeville. We will have a fun fashion show, learn to eat with chopsticks and explore what makes each country unique.

## **WEEK #8 UNDERWATER ADVENTURE (AUGUST 19-23)**

Explore the wonders of the ocean as you channel your inner sea-lover. Dive into the amazing world of marine life with the Merr Institute. It's always better, down where it's wetter! The summer wraps up with our fabulous water slides celebration! It will be fin-tastic!

## *Things to Bring!*

- A nutritious lunch labeled with the camper's name. Use of the microwave and refrigeration is **not** available.
- Wear clothing that is modest, comfortable, can get dirty, and allows for easy movement.
- Closed-toed, closed-heel shoes. Preferably sneakers.
- Suntan lotion (don't forget to apply at home)
- Refillable plastic water bottle w/ child's name
- A positive and excited attitude!



## *Things to Leave at Home!*

- Electronic devices** including phones, Ipads, and video games
- Personal toys and games

## *Tidbits!*

Our goal is to provide the best experience we can for every child that walks through our doors. Here are some things that you can do that help us provide a memorable week:

- ❖ Speak with your child about their day. They will be excited to tell you about all the great things they did. Be sure to encourage them to be kind and considerate.
- ❖ A backpack is handy for carrying camp stuff. It's a great place to keep a full change of clothes, including underwear.
- ❖ Communicate with our staff right away if you have concerns or questions.
- ❖ If your child is sick, please keep them at home.

## *Tuition*

Tuition is \$120/week per child. Full camp tuition must be paid in advance.

- Register/pay for six (6) or more sessions (per household) and save 10%
- Register/pay for the entire eight (8) sessions of summer camp and save \$120 per child.

**Be sure to check out the Fees and Payment page for Registration Specials!**

Refunds must be requested two weeks before the start of that weekly camp session. Space is limited so register early!

*\*NO camp sessions from July 1-5 and July 22-26*

# Daily Schedule\*

7:45 am	Before-care opens
8:45-9:15	Arrival
9:40	Morning Assembly
9:50	Bathroom Break
10-12:30	Morning Class Rotation
12:30	Lunch
12:50	Clean-up/Bathroom Break
1:00	Afternoon Activities
1:30	Outdoor recreation
2:15	Snack
2:30	Kids' Choice Games
2:45-3:00	Dismissal
4:00	After-care closes

*\*Note – Daily schedule is subject to change based upon weekly themes, unique activities and events, and special guests.*



# Camper Registration Form

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

Birth date \_\_\_\_\_ Age (as of June 17, 2024) \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Parent Email \_\_\_\_\_

Church Affiliation, *if applicable* \_\_\_\_\_

## ***Weeks Registering:*** (Indicate weeks attending)

- Week 1: Camp Candyland (June 17-21)
- Week 2: We the People (June 24-28)
- Week 3: Nothin' but Nerf (July 8-12)
- Week 4: Campers, Start Your Engines (July 15-19)
- Week 5: Not So Scary Halloween (July 29 - August 2)
- Week 6: We Are the Champions (August 5-9)
- Week 7: Globe Trottin' Kids (August 12-16)
- Week 8: Underwater Adventure (August 19-23)



# Fees and Payment

Number of weeks \_\_\_\_\_ x \$120 per week = \$ \_\_\_\_\_

**Before-Care** [one week 7:45am to 8:45am] \_\_\_\_\_ week(s) x \$35 = \$ \_\_\_\_\_

**After-Care** [one week 3:00pm to 4:00pm] \_\_\_\_\_ week(s) x \$35 = \$ \_\_\_\_\_

*(Note: Fees for occasional use of Before-Care/After-Care can be paid at the end of the week.)*

## Registration Specials *(must be paid in full prior to the start of camp to qualify)*

Register for 6 or more weeks (*per family*) save 10% \$ \_\_\_\_\_

Register for 8 weeks of camp and only pay for 7 weeks \$ \_\_\_\_\_

8 weeks of camp + Before Care *or* After Care \$1,100/child \$ \_\_\_\_\_

8 weeks of camp + Before Care *and* After Care \$1,250/child \$ \_\_\_\_\_

**TOTAL CAMP FEES DUE** \$ \_\_\_\_\_

**Payment Methods Accepted:** Cash, Check, Money Order, Online

Online payments can be made from our website [unioninbridgeville.com](http://unioninbridgeville.com).  
*Click on the Give tab, select one-time gift, from the fund drop down menu select Summer Camp. Please include the child's name in the comments.*

**Make checks payable to:** Union Church      **Memo:** Day Camps  
*Refunds must be requested two weeks before the start of the weekly camp session.*

**Return to:** Union Church  
Attn: Rita Hovermale, Camp Director  
2 North Laws Street | Bridgeville, Delaware 19933

***Registration is not complete until payment is received. A minimum of one week of tuition must accompany registration. In order to qualify for discounts, the entire tuition must be paid in full prior to the start of camp.***

# Medical Care/Information Authorization and Liability Release

**NOTE:** Parent/Guardian is responsible for updating camp when any information in this form changes.

## Camper Information

Camper name \_\_\_\_\_

Name(s) of parent/guardian \_\_\_\_\_

Street address \_\_\_\_\_

Parent email \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Student's birthdate (M/D/Y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex M F

Age as of June 17, 2024 \_\_\_\_\_

Known allergies

\_\_\_\_\_

Other known medical conditions or concerns

\_\_\_\_\_

Name of medical insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Name of insured \_\_\_\_\_

Employer of insured \_\_\_\_\_

Primary health care provider \_\_\_\_\_

Phone \_\_\_\_\_

Dental provider \_\_\_\_\_

Phone \_\_\_\_\_

The following information will be used to contact those persons who will be responsible for making emergency medical decisions on behalf of the child listed above. Parental or guardian contact information must be updated if/when it changes. **ONLY LIST THE NAMES OF THOSE WHO HAVE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY SITUATION INVOLVING THIS CHILD.** List at least one person who may be contacted in an emergency in the event the parents or guardians are unavailable. Additional persons and their contact information can be listed on the back of this form.

Mother's name \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_

Work Phone \_\_\_\_\_

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Father's name \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_

Work Phone \_\_\_\_\_

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#### ADDITIONAL EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_

Work Phone \_\_\_\_\_

Over-the-counter pain medications or first aid products my Child may NOT have or use (parents are contacted by phone for permission and direction before dispensing any OTC medications):

\_\_\_\_\_

\_\_\_\_\_



## **Consent and Liability Release**

I authorize Ministry personnel to transport my child immediately to the nearest hospital or urgent care center or to contact emergency services and have my child transported to a local hospital. I FURTHER CONSENT FOR MINISTRY PERSONNEL TO AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN THE EVENT OF AN EMERGENCY. I also authorize Ministry personnel to contact my child's primary care or dental provider, in the event of an emergency. By signing this agreement, I acknowledge that the Ministry does not provide any health insurance covering my child during the activities referred to herein, and I understand that it is my responsibility as parent or guardian to obtain health insurance covering my child. I also agree to accept the sole responsibility for the costs of medical care.

I understand that, although certain volunteers and/or other workers have been familiarized with administering over-the-counter medications for minor illness or injuries, as well as allergies, anaphylaxis, and epinephrine administration, these individuals are not medically trained personnel and do not have professional training or experience in meeting the needs of children with such conditions or to identify symptoms or signs that the student is in distress or may need emergency medical treatment. I also understand that the Ministry does not and cannot guarantee that my child's environment will be free from substances, foods, or allergens that may trigger my child's medical conditions.

In consideration of my child being permitted to participate in the event(s) described above and other valuable consideration the receipt of which is acknowledged, I hereby AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MINISTRY and its agents and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS, and including, without limitation, interest, penalties, court costs, attorney's fees, and expenses resulting from or on account of injury to my child, myself, or my property in connection with any medical care provided to my child. I FURTHER RELEASE any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Delaware and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through me, arising out of or relating to the care anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

I FURTHER STATE that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Signature of Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_



## *Before and After Care*

We offer Before Care (BC) and After Care (AC) for our families. Before Care is anytime between 7:45 and 8:45am each morning. After Care is 3:00 to 4pm. There is no prior sign-up required. There is a charge of \$7 per session or part of a session (morning or afternoon)/per child. Before-Care/After-Care can be paid by the week at time of registration or for occasional use of BC and/or AC, at the end of each week or daily at pick up.

## *Photo/Social Media Release*

I hereby give permission for my child to be photographed or recorded via video or audio recording, during the Union Summer Camps. I understand these images and/or likenesses will be used to keep a journal of activities to share during video presentations and/or reports to our donors, and for promotional purposes including on flyers, brochures, newspaper, blogs, the ministry's website and the ministry's social media pages and be available for download. I understand that although my child's image or likenesses may be used for advertising, his/her identity will not be disclosed. I do not expect compensation and understand that all images or likenesses are the property of Union Summer Camp and its affiliates. I understand this consent will operate in full force and effect indefinitely until or unless I withdraw my consent in writing.

Parent/Guardian initials \_\_\_\_\_

## *Electronics and Digital Media Policy*

At Union Methodist Church, we strive to give your child the best experience possible. To help us achieve that, we ask that you restrict electronic devices you allow your child to bring to camp. This includes: phones, tablets, and gaming devices. We understand that you want to be able to contact your child in the event of an emergency, but we encourage you to contact the church office instead. Should you allow your child to bring these devices, we will require them to be stored away and we are not responsible for the care and protection of them.

We as a staff are also making this pledge to remove electronics devices. Senior staff will be the only personnel carrying phones. The safety of your camper is our first priority.

Parent/Guardian initials \_\_\_\_\_

## *Field Trip Release*

I hereby give permission for my child to walk for official UMC Summer Camp activities that are within a short distance of Union Methodist Church.

Parent/Guardian initials\_\_\_\_\_

## *Pick-Up Policy*

Union Methodist Church Summer Program Staff are authorized to release my child to the individuals listed below. I understand that each authorized person must be at least eighteen (18) years old. **Campers will NOT be permitted to leave with anyone unless they are listed below.** Any change to this list must be communicated in writing to the Camp Director. All authorized individuals will be required to show identification. My child may be released to the following individuals (include parents):

Name	Relationship to Camper
•	_____
•	_____
•	_____
•	_____
•	_____
•	_____

## *Late Pick-Up Policy*

Dismissal is between 2:45-3:00pm. Late pick-ups will be assessed the After Care fee.

## *Parental Consent and Liability Release*

I have read, understand, and agree to the above policies of the UMC Summer Camp program.

I agree that Union Methodist Church is not responsible for lost or damaged personal property and that all scheduled events are subject to change.

I affirm that the information on this registration form is true and that I know of no reason, health or otherwise, why my child's participation should be restricted from any UMC program. I understand that refunds will not be issued for non-attendance. I acknowledge that it is my responsibility to notify UMC of any changes in the registrant's health status or insurance coverage.

I understand and hereby agree to assume all the risks which may be encountered at Union Methodist Church (UMC) Day Camp activities, including transportation to and from said events and any activities preliminary and subsequent thereto. I HEREBY AGREE TO RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS UMC and its agents and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, and damages (including without limitation, interest, penalties, court costs, attorney's fees and expenses) resulting from or on account of injury to my child, myself, or my property in connection with any event anticipated by this form. I FURTHER RELEASE any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I EXPRESSLY AGREE that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Delaware and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect.

I ALSO AGREE that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

