



Summer @ Union

Registration Packet

Union Methodist Church
2 North Laws Street
Bridgeville, Delaware
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. Our camp is open to children ages 5-11.

Our program is not equipped to handle children with severe special needs. 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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WEEK #1 (JUNE 15-19) BEYOND THE BOARDS

GET READY TO STEP INTO THE GAME! THIS WEEK, CAMPERS WON'T JUST PLAY THEIR FAVORITE BOARD GAMES — THEY'LL BECOME THE GAME. EACH DAY WILL FEATURE A NEW LIFE-SIZE CONTEST, BLENDING STRATEGY AND TEAMWORK. IT'S NOT JUST A GAME, IT'S AN ADVENTURE!

WEEK #2 (JUNE 22-26) AMERICA250

THIS WEEK IS ALL ABOUT CELEBRATING THE 250TH ANNIVERSARY OF THE FOUNDING OF OUR GREAT NATION! WE WILL LOOK AT AMERICA FROM 1776 TO 2026 WITH A VARIETY OF PATRIOTIC ACTIVITIES. AND BE SURE TO JOIN US IN OUR ANNUAL FREEDOM PARADE!

WEEK #3 (JULY 6-10) PITCH A TENT

TENTS, TRAILS, AND CAMPFIRES ARE THE FOCUS OF THIS WEEK. FROM MAKING S'MORES OVER AN OPEN FIRE TO SUCCESSFULLY PUTTING UP A SHELTER, THIS WEEK IS ALL ABOUT THE GREAT OUTDOORS. GET LOST IN NATURE WITHOUT LEAVING THE YARD!

WEEK #4 (JULY 13-17) NAILED IT!

EVER SINCE THE DAYS OF THE ARK AND THE PYRAMIDS, BUILDING HAS ALWAYS BEEN IMPORTANT. THIS WEEK WE'LL BE LEARNING SOME OF THE NUTS AND BOLTS OF CONSTRUCTION, AND TRY OUR HAND AT USING TOOLS. IT'LL BE A BANG-UP GOOD TIME!

WEEK #5 (JULY 20-24) CHRISTMAS IN JULY

WE'RE DECKING THE HALLS FOR A SUMMER CHRISTMAS CELEBRATION! LEARN HOW TO WRAP A BEAUTIFUL PRESENT, MAKE SOME DELICIOUS CHRISTMAS COOKIES, AND PLAY CHRISTMAS INSPIRED GAMES. AND, OF COURSE, WHAT'S CHRISTMAS WITHOUT A PARTY?

WEEK #6 (AUGUST 3-7) BUGGIN' OUT

WHAT HAS SIX LEGS AND FLIES? NO, NOT THREE GARBAGE MEN! THIS WEEK WE'LL GO UNDERGROUND TO EXPLORE ANT FARMS AND TAKE TO THE SKIES TO RELEASE OUR OWN BUTTERFLIES. ALONG THE WAY WE'LL DISCOVER WHY THESE MULTI-LEGGED CREATURES ARE IMPORTANT TO OUR SURVIVAL. DON'T LET THEM BUG YOU!

WEEK #7 (AUGUST 10-14) SPACE IS THE PLACE

EXPLORE THE MYSTERIES OF SPACE WITHOUT EVER LEAVING THE GROUND! WE'LL LAUNCH ROCKETS, GET READY FOR A METEOR SHOWER, AND HOPEFULLY CATCH A GLIMPSE OF A RARE SOLAR ECLIPSE. BE SURE TO BRING YOUR SHADES!

WEEK #8 (AUGUST 17-21) ALOHA SUMMER

IT'S TIME TO SAY GOODBYE TO SUMMER. THIS WEEK WE'LL SAY FAREWELL, BUT WE'LL FIND LOTS OF FUN WAYS TO CELEBRATE THINGS WET AND WILD. AND WHAT'S WETTER AND WILDER THAN WATER SLIDES AND A DUNK TANK? DON'T FORGET YOUR TOWEL!

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 \$160/week per child. Full camp tuition must be paid in advance.

- Register/pre-pay for six (6) or more sessions (per household) and save 10%
- Register/pre-pay for the entire eight (8) sessions of summer camp and save \$160 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 June 29-July 3 and July 27-31.*

Camper Registration Form

Camper's Name _____

Address _____

Birth date _____ Age (as of June 15, 2026) _____

Parent(s)/Guardian(s) _____

Parent Email _____

Church Affiliation, *if applicable* _____

Weeks Registering: (Indicate weeks attending)

- Week 1: (June 15-19) Beyond the Boards
- Week 2: (June 22-26) America250
- Week 3: (July 6-10) Pitch a Tent
- Week 4: (July 13-17) Nailed It!
- Week 5: (July 20-24) Christmas in July
- Week 6: (August 3-7) Buggin' Out!
- Week 7: (August 10-14) Space is the Place
- Week 8: (August 17-21) Aloha Summer



Fees and Payment

Number of weeks _____ x \$160 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

All fees must be PAID IN FULL prior to the start of camp to qualify for discounts. Partial or full payments can be made at any time. Registration Specials can NOT be combined.

- **Registration Special #1**

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

- **Registration Special #2**

Register for 8 weeks of camp and only pay for 7 weeks \$ _____
Save \$160



- **Registration Special #3**

Register for 8 weeks of camp + Before Care *or* After Care \$1,300/child \$ _____



- **Registration Special #4**

Register for 8 weeks of camp + Before Care *and* After Care \$1,440/child \$ _____

TOTAL CAMP FEES DUE \$ _____

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

Online payments can be made from our website unioninbridgeville.com.

Click on the Ministries tab and scroll down to Summer Camp. There is a tab for camp tuition payments. Be sure to include your child(ren's) names.

Make checks payable to: Union Methodist Church

Memo: Day Camps

Refunds must be requested two weeks before the start of the weekly camp session.

Return to: Union Methodist 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 notifying 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) _____

Camper's birthdate (M/D/Y) ____ / ____ / ____ Sex: M F

Age as of June 15, 2026 _____

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 _____

IF YOUR CHILD REQUIRES PRESCRIPTION MEDICATION PLEASE REQUEST and COMPLETE THE AUTHORIZATION TO ADMINISTER MEDICATION FORM.

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 _____

Father's name _____

Cell _____ Home _____

Work Phone _____

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):

Allergy Information (if applicable)

My child is allergic to (be specific) _____

Previous reaction(s) _____

If food allergy, other names to look for on ingredient label

Emergency treatment required (e.g., EpiPen, antihistamine, inhaler): _____

Is the child able to self-administer? Yes No

The camp cannot guarantee that alternate foods will be available. A weekly snack list will be provided on Thursday prior to the start of camp. Parents/guardians are responsible for reviewing the snack list and providing appropriate alternative snacks for any items their child cannot consume.

By signing below, I acknowledge that it is my responsibility to provide any necessary allergy-safe food, snacks, or substitutes for my child.

I understand and acknowledge that the camp cannot guarantee an allergen-free environment. **I acknowledge that it is my responsibility to provide any necessary allergy-safe food, snacks, or substitutes for my child.**

I understand that the camp cannot guarantee an allergen-free environment.

Child's Name _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____

Date _____

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 2:50-3:00pm. Late pick-ups will be assessed the After Care fee.

Parental Consent and Liability Release

I have read, understand, and agree to the aforementioned 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 _____

