

# Christian Summer Day Camp 2012

Sponsored by Aldersgate and St. Paul's United Methodist Churches

July 23-27 & July 30 - August 3, 9 a.m.–4 p.m.

Extended care available 8–9 a.m. and 4–6 p.m. for \$5 per hour per child.



## **\$85 per week for each child** **Camp scholarships are available**

Camp programs will be held at  
St. Paul's United Methodist Church.

Come join us for Bible fun, crafts, singing,  
drama, outdoor activities and field trips.  
Our Christian Summer Day Camp will be  
a unique experience **for all children**  
**ages 4–12 years old.**

## **OUR VISION FOR THIS CAMP IS:**

- to provide a safe, nurturing atmosphere for children to experience the love of Jesus Christ.
- to build self-esteem and nurture a feeling of respect and concern for others and the world.

We provide a caring and attentive staff for your child. Contact Sharon Jennelly for more information at (302) 478-2575, Ext. 118 or email [sharon.jennelly@aldersgatede.org](mailto:sharon.jennelly@aldersgatede.org)



**Aldersgate**  
**United Methodist Church**  
Open Hearts. Open Minds. Open Doors.

2313 Concord Pike  
Wilmington, Delaware 19803  
phone: (302) 478-2575  
fax: (302) 478-1828  
[www.aldersgatede.org](http://www.aldersgatede.org)

# CHRISTIAN SUMMER DAY CAMP Registration Form 2012

**REGISTRATION DEADLINE April 30, 2012. REGISTRATION WILL NOT BE ACCEPTED WITHOUT PAYMENT.** Please complete a separate form for each child you are registering for camp. **Limited space available.**

Check the week(s) your child will be attending camp:  July 23–27  July 30 -August 3

Extended care needed:  before care (8–9 a.m.)  aftercare (4–6 p.m.)

List dates needed: \_\_\_\_\_

Child's name: \_\_\_\_\_

Birth Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Grade completed (6/12): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Emergency contact name and telephone number during the hours of camp.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail: Completed registration form and completed medical information

Check for \$85 per week per child (plus \$5 per hour per child for extended care)  
payable to **Aldersgate UMC**

Mail to: **Lisa Chambless, Camp Registrar**

St. Paul's UMC

1314 Foulk Rd

Wilmington, DE 19803

Do you have a friend coming to camp? If so, what is their name? \_\_\_\_\_

## Medical Information

Doctor's Name & Telephone Number: \_\_\_\_\_

Dentist's Name & Telephone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_

Please check any special considerations:

Takes medication regularly—*please specify* \_\_\_\_\_

Allergies (including food)—*please specify* \_\_\_\_\_

Other special considerations: \_\_\_\_\_

## Waiver of Liability

In consideration of being a camper at the Christian Summer Day Camp on behalf of myself, my family, my heirs, and my assigns, I hereby release the Christian Summer Day Camp of Aldersgate UMC and St. Paul's UMC, it's agents, and it's employees from liability for injury, loss, or death to the above mentioned camper while using any facility or equipment or in any way associated with participating in the activity of being a camper now or in the future, resulting from the ordinary negligence of the Christian Summer Day Camp, it's agents and employees. I know and understand and appreciate the risks associated with participating in a camp and I am voluntarily enrolling my child in the camp. In doing so, the child is assuming all the inherent risks. I further understand in the event of a medical emergency, Christian Summer Day Camp will call EMS to render assistance and that I will be financially responsible for any expenses involved. *Please sign for the permission to medically treat your child and for the waiver of liability.*

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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