

# Christian Summer Day Camp 2013

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

**July 22-26 & July 29- August 2, 9 a.m. - 4p.m.**

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



**\$90 per week for each child, camp scholarships are available.**

Camp program will be held at Aldersgate United Methodist Church.

Come join us for Bible fun, crafts, singing,, drama, outdoor activities and field trips.

The Christian Summer Day Camp will be a unique experience  
**for all children ages 4-12 years old.**

The vision for this camp is:

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

Contact Sharon Jennelly, Director of Children's Ministry, 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  
(302) 478-2575  
[www.aldersgatede.org](http://www.aldersgatede.org)

**CHRISTIAN SUMMER DAY CAMP**

**Registration Form 2013**

Registration deadline is April 30. Registration will not be accepted without payment. Please complete a separate form for each child you are registering for camp. Limited space is available.

Check the week(s) you child will be attending camp \_\_\_ July 22-26 \_\_\_ July 29-August 2  
Extended care needed: \_\_\_ before care (8-9 a.m.) \_\_\_ after care 4-5 p.m. \_\_\_ 4-6 p.m.  
List dates needed: \_\_\_\_\_

Child's name: \_\_\_\_\_  
Birth date: \_\_\_ - \_\_\_ - \_\_\_ Age: \_\_\_ School: \_\_\_\_\_ Grade completed (6/13): \_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Parent or guardian name(s): \_\_\_\_\_  
Emergency contact name and phone during hours of camp:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Information:  
Doctor's name & phone: \_\_\_\_\_  
Dentist's name & phone: \_\_\_\_\_  
Insurance provider: \_\_\_\_\_ Group/policy #: \_\_\_\_\_  
Please check any special considerations:  
\_\_\_ Takes medication regularly – *please specify* \_\_\_\_\_  
\_\_\_ Allergies (including food) – *please specify* \_\_\_\_\_  
\_\_\_ Other – *please specify* \_\_\_\_\_  
Do you have a friend coming to camp? If so, what is their name? \_\_\_\_\_  
How many years has your child attended this camp? \_\_\_\_\_  
Present church your family attends? \_\_\_\_\_

**Waiver of Liability**

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

\_\_\_\_\_  
Print Name Signature Date

**MAIL:** Completed registration form with check for \$90 per week per child (plus \$5 per hour per child for extended care) payable to **Aldersgate UMC** to:  
Sharon Jennelly, Camp Registrar  
Aldersgate UMC  
2313 Concord Pike  
Wilmington, DE 19803