



**Dingmans Ferry United Methodist Church**  
115 Myck Road • Dingmans Ferry, PA 18328  
www.dfumc.com



Rev. Sungduk Kim, Pastor  
Pastor Office: (908) 505-2173

Church Phone: (570) 828-2288  
E-mail Address: dfumc@verizon.net

# Kinder-Camp

## June 24th - July 19th

Dear Parents/Guardians,

Thanks for your interest in our summer "Kinder-Camp" program!

The Registration Form and Emergency Form are attached and MUST be filled out and returned to us with your Registration fee of \$25. (Which will hold your child/children's place and will be deducted from your total payment once you are paid in full.) You MUST be paid in full by June 1st or you will lose your place in our program.

The cost of Kinder-Camp this year is listed below:

### Payment Fee

- 1 Week Attendance: \$120.
- 2 Weeks Attendance: \$240.
- 3 Weeks Attendance: \$360.
- 4 Weeks Attendance: \$430.

Please make checks payable to DFUMC.

Camp will be on Monday's, Tuesday's and Thursday's from 9am until 2:30pm.  
**(With the exception of the first week in July when we will meet Monday 7/1, Tuesday 7/2 and Wednesday 7/3 - due to the holiday)**

Please send your child to camp with a bag lunch (Please do NOT send any lunch items that have to be heated up.) Please dress you child for outdoor activities and play. We will be having a lot of "Messy" activities.

We look forward to a fun filled summer!

Janette Smith-Kislak, Director

The Dingmans Ferry United Methodist Church  
115 Myck Road □ Dingmans Ferry, PA 18328  
Church Phone: (570) 828-2288  
**Presents.....**

# Kindergarten-Camp

**Offered to Boys & Girls  
Age 3 Through Age 10**

June 24th - July 19th

**Mondays, Tuesdays & Thursdays**

Monday, Tuesday, and Wednesday the First Week of July

**9am - 2:30pm**

**Bring Bag Lunch**

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 All 4 Weeks     Week 1     Week 2     Week 3     Week 4

## **REGISTRATION FORM**

**Please Print**

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

Child's Nickname \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_

Mother'/Guardians Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

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

Date \_\_\_\_\_

Payment: Check # \_\_\_\_\_ Amount \_\_\_\_\_ Cash Amt. \_\_\_\_\_

# Kindergarten-Camp

## Emergency Treatment

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for Janette Smith-Kislak, Director or other staff member of the Dingmans Ferry UMC, to authorize such treatment. I will not hold the Church or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents and/or other persons listed as emergency contact.

\_\_\_\_\_  
Parent/Legal Guardian Signature & Date

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## VIDEO/PHOTOGRAPHY PERMISSION SLIP

STUDENTS NAME \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

**YES\_\_\_\_\_ or NO\_\_\_\_\_**

I hereby give permission for my child to be videotaped and /or photographed in the church setting. It is my understanding that such videotaping will be for educational and training purposes only. Photographs may be used in church related publications/church websites and/or local newspapers. I may revoke this permission at any time by notifying the church office.

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