



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 29th - July 23rd

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. 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



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Emergency Treatment

In the event of an illness or accident which requires immediate medical treatment at a time when a parent/guardian cannot be located, I give permission for Janette Smith-Kislak, Director or other staff member of the Dingmans Ferry United Methodist Church, to authorize 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/guardian and/or other persons listed as emergency contact.

 Parent/Legal Guardian Signature & Date



Video/Photography Permission Slip

Students Name _____ Entering Grade _____

Yes _____ 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/Legal Guardian Signature & Date



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Kinder-Camp

Offered to Boys & Girls • Age 3 through 10

**Mondays, Tuesdays, & Thursdays
June 29th - July 23rd • 9am - 2:30pm
Bring Bag Lunch (No Heated Items)**



All 4 Weeks Week 1 Week 2 Week 3 Week 4

Registration Form & Emergency Permission Slips on Reverse

Please Print

Child's Name _____ Age _____

Child's Nickname _____

Father's/Guardians Name _____

Mother's/Guardians Name _____

Mailing Address _____

Home Phone _____ Cell _____

E-mail Address _____

Emergency Contact Name & Phone _____

Parent/Guardian Signature _____ Date _____

PLEASE FILL OUT BOTH SIDES OF THIS FORM



Office Use Only:

Payment: Check# _____ Amount \$ _____ Cash Amount \$ _____