



PLANTATION  
united methodist church  
*a church for all people*

## *Summer Camp 2024*

Ages: Completed Kindergarten through 8<sup>th</sup> Grade

Dates: June 11<sup>th</sup> through August 9<sup>th</sup>

Time: Daily 9:00am – 5:30pm  
*Morning Care provided at no cost starting at 7:45am.*

Closure: Thursday, July 4<sup>th</sup> (Independence Day)

Meals: Parents will provide campers with their own lunch.  
Afternoon snack provided by the camp.  
Option of Pizza Day on Fridays for additional cost – CASH ONLY

Registration Fee: \$50 per camper  
*Please pay registration fee online at [plantationumc.org/camp](http://plantationumc.org/camp)*

Weekly Fee: Choose the option that works best for your family:

5-days: \$190

4-days: \$160

3-days: \$130

*\*You choose which days to send your camper. Days can vary each week.*

**Payment Info:** Check, Cash, and Credit Card accepted via PayPal. Please make checks payable to Plantation United Methodist Church, notated Summer Camp. You will find the PayPal buttons on our camp webpage, [www.plantationumc.org/camp](http://www.plantationumc.org/camp). Payment is due on the first day of the week. Pre-payment is preferred to reserve your child's spot.

**Special Week:** Week 3 is Vacation Bible School! Rates are different for this week. For more information about Week 3, please see the last page of this registration packet.

**Sibling Discounts:** If you are sending 3 or more children to our camp, please reach out to the registrar at the email below for a special rate. Sorry, no sibling discounts for 2 children.

For more information: [summercamp@plantationumc.org](mailto:summercamp@plantationumc.org) or 954-584-7500

# SUMMER CAMP REGISTRATION FORM

Completed K – 8<sup>th</sup> Grades

Child's Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Completed in June 2024: \_\_\_\_\_

T-Shirt Size (circle one): Youth Small Youth Medium Youth Large  
Adult Small Adult Medium Adult Large Adult X-Large

Parent 1 Name: \_\_\_\_\_ Parent 2 Name (optional): \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Names of Any Other Adults (Besides Above Parents) Who May Pick Up This Child:

\_\_\_\_\_  
\_\_\_\_\_

Will Morning-Care (7:45 – 9:00am) be needed regularly?  Yes  No

Do you give permission for your child to be included in photos or videos to be used for promotional purposes?  Yes  No

Would you like to receive email updates about events and activities for your kids and family at Plantation UMC?  Yes  No

Allergies or other special conditions which we should know about: \_\_\_\_\_

Medications: \_\_\_\_\_

*Please turn in all medications, including Epi-Pens, to the Director, with your child's name on the bag.*

I, \_\_\_\_\_ give Plantation United Methodist Church permission to call 911

Parent / Guardian Name

in case \_\_\_\_\_ is involved in an emergency.

Child's Name

Parent Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

# PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Apt Number City Zip code

Day/Cell Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

As the parent (or legal guardian) of: \_\_\_\_\_  
Child's Name

I understand that my child will be participating in a number of activities from June 2024 to May 2025 which carry with them a certain degree of risk, such as sports, waterslides, jumping activities, group games, and others. I consent for my child to participate in these activities.

Please **indicate any restrictions** on your child's activities:

\_\_\_\_\_ I represent that my child is physically fit and has the necessary skills to safely participate in these activities.

\_\_\_\_\_ I represent that my child has restrictions on the following particular activities:

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above.

**Allergies or other health considerations:** \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group # \_\_\_\_\_  
Please attach a photo copy of the child's medical insurance coverage card if applicable.

Preferred Hospital: \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

**\*\*This form must be notarized. Medical care cannot be obtained without your notarized signature.**

State of Florida, County of _____
The forgoing instrument was acknowledged before me this _____ day of _____, _____,
(day) (Month) (Year)
by _____
(Print name of signer/acknowledger)
_____
Signature of Notary Public – State of Florida
(Notarial Seal)
_____
Print Name of Notary
[ ] Personally Known or [ ] Produced Identification: _____ (Type of Id & Expiration Date)

PLANTATION UMC SUMMER CAMP  
CAMPER ATTENDANCE SCHEDULE

Camper Name: \_\_\_\_\_

Please circle your plans for each week, including how many days you plan to send your child. Please inform the Camp leadership via email if your plans change significantly.

<b>Week 1: June 11-14 (4-day week)</b>	N/A	4-Days \$160	3-Days \$130	Will Not Attend
<b>Week 2: June 17-21</b>	5-Days \$190	4-Days \$160	3-Days \$130	Will Not Attend
<b>Week 3: June 24-28</b> *Vacation Bible School! *Completed K - 5 <sup>th</sup> Grade Only	See next page	See next page	See next page	See next page
<b>Week 4: July 1-3, 5 (4-day week)</b>	N/A	4-Days \$160	3-Days \$130	Will Not Attend
<b>Week 5: July 8-12</b>	5-Days \$190	4-Days \$160	3-Days \$130	Will Not Attend
<b>Week 6: July 15-19</b>	5-Days \$190	4-Days \$160	3-Days \$130	Will Not Attend
<b>Week 7: July 22-26</b>	5-Days \$190	4-Days \$160	3-Days \$130	Will Not Attend
<b>Week 8: July 29 - Aug 2</b>	5-Days \$190	4-Days \$160	3-Days \$130	Will Not Attend
<b>Week 9: Aug 5-9</b>	5-Days \$190	4-Days \$160	3-Days \$130	Will Not Attend

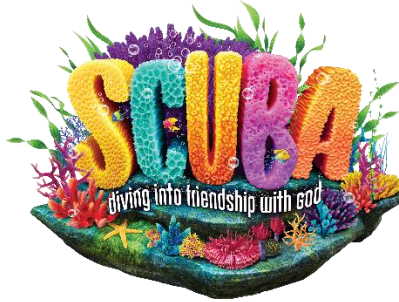
Please fill out these forms completely, including notarization. Printed out forms are available in the church office. A notary is also available in the church office, call ahead to check availability. Office hours are M – F, 9am – 3pm. Return forms in person at the church office or scan and email forms to [summercamp@plantationumc.org](mailto:summercamp@plantationumc.org). To complete registration, pay registration fee via PayPal, Check, or Cash.

*Plantation United Methodist Church*  
1001 NW 70<sup>th</sup> Ave, Plantation, FL 33313  
954-584-7500

# Week 3: Vacation Bible School

June 24<sup>th</sup> - 28<sup>th</sup>

8:30am - 12:00pm



Week 3 of Summer Camp is Vacation Bible School! VBS is a high-energy, high-impact week for children to develop a faith foundation in a fun, safe, age-appropriate way. Activities include singing, experiments, games, Bible adventures, and videos. This year's theme is "SCUBA." Kids dive deep into an amazing undersea adventure where they'll experience the ever-flowing, never-ending love of God.

## What are the differences between VBS Week & the rest of Summer Camp?

- VBS Week is for children from completed VPK through 5<sup>th</sup> Grade.
- The VBS program is M-F, 8:30-12:00. The Summer Camp will provide afternoon care, 12:00-5:30, as needed.
- VBS Participants need to arrive in the Sanctuary by 8:30am every morning. If you need to drop off between 7:45 and 8:15, you can drop off in the Fellowship Hall.
- The VBS program is a 5-day program, so daily attendance is strongly encouraged.
- If you don't need afternoon care and JUST want to do the VBS program, 8:30-12:00, you can register separately for VBS ONLY on our website and pay only \$40 (early bird) or \$50 (regular) for the entire week.
- If you are sending your child for ONLY VBS week and need afternoon care, but don't plan on sending your child to any weeks during regular Summer Camp, then we will waive the Summer Camp Registration fee for your child.
- Completed 6<sup>th</sup>-8<sup>th</sup> Graders can choose to be a youth volunteer for the week. Training is required and they will be expected to be responsible, hard-working volunteers. Space is limited. Please email Paige Mnich at [children@plantationumc.org](mailto:children@plantationumc.org) if your middle schooler is interested in volunteering. If your middle schooler doesn't want to volunteer, then you will need to find alternate care for this week.
- All VBS participants and volunteers are invited to the VBS Celebration on Sunday, June 30<sup>th</sup>!

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## Week 3: VBS Week - June 24-28

Child's Name \_\_\_\_\_ Grade Completed in June 2024: \_\_\_\_\_

VBS Week Participation (please circle your selection):

<b>5-Days</b> includes VBS fee & afternoon care <b>\$150</b>  No additional form required.	<b>4-Days</b> includes VBS fee & afternoon care <b>\$130</b>  No additional form required.	<b>3-Days</b> includes VBS fee & afternoon care <b>\$110</b>  No additional form required.	<b>VBS Program Only</b> No afternoon care \$40 Early Bird \$50 Regular Please register at <a href="http://Plantationumc.org/vbs">Plantationumc.org/vbs</a>	<b>Will not attend VBS week</b>
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If you selected 5-Days, 4-Days, or 3-Days, please pre-pay for VBS Week on our Summer Camp page.

**Payment for VBS Week is DUE by June 16<sup>th</sup>.**