



2025 Registration Packet

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Camp Mustard Seed is a ministry of Kendall United Methodist Church



Welcome to Camp Mustard Seed, an action-packed, Bible-based camp serving children 12 months - Grade 5

Our Camp Mission

Kendall United Methodist Church's Camp Mustard Seed is a place where staff, parents, and the church will provide a positive and trusting learning environment that nurtures the healthy growth of the whole child as we strive to know Christ, serve Christ, and share Christ.

Camp Calendar

Camp Mustard Seed is a six-week program running from June 23 - August 1, 2025. Join us as the children will learn and create thematic crafts and engage in hands-on activities.

Camp Activities

- The campers will enjoy fun and exciting activities such as sports, cooking, crafts, nature encounters, music, quiet games, and in-house field trips.
- Wednesday is water day! Please send your child dressed in their bathing suit with clothes over top. We ask that you also send your child a towel (labeled with their name), a Ziplock bag for their wet swim items, and a full change of clothes. For those in diapers, please send a swim diaper with your child for them to be changed into just before their water play.
- Fun Food Friday- for campers who are attending full-day camp (9 am-4 pm), we will be offering the option of a special lunch (e.g. Pizza, Happy Meals, etc.) served with chips, a drink, and dessert for an additional \$10. This can be paid via credit/debit card or in cash on Friday morning during drop-off (Fun Food Friday is available weeks 1-5).
- The campers will enjoy a special in-house field trip once in both Session A and Session B.

Enrollment Opportunities

Session A: June 23rd - July 11th (CLOSED July 4th)

- 1) Early Care from 8:00 – 9:00 am
- 2) Morning Camp from 9:00 am - 12:00 pm
- 3) Full Day Camp from 9:00 am - 4:00 pm

Session B: July 14th - August 1st (Camp ends at 12 pm on August 1st) *

- 1) Early Care from 8:00 – 9:00 am
- 2) Morning Camp from 9:00 am - 12:00 pm
- 3) Full Day Camp from 9:00 am - 4:00 pm

Full Summer (June 23rd – August 1st)

- 1) Early Care from 8:00 – 9:00 am
- 2) Morning Camp from 9:00 am - 12:00 pm
- 3) Full Day Camp from 9:00 am - 4:00 pm

Camp Enrollment

A non-refundable registration fee of **\$90.00 per child for one session / \$115.00 per child for full summer** is required at the time of camp registration and **includes one free camp shirt!** No credits will be given for the days your child does not attend camp.

- We must receive your little one's tuition fees in full to secure their spot.

Camp Registration	Hours Enrolled	Payment
2025 CMS Registration Fee	One session	\$90 per child
	Full summer	\$115 per child
One Session (3 weeks)	8:00 am – 9:00 am	\$105
	9:00 am – 12:00 pm	\$420
	9:00 am – 4:00 pm	\$620
Full Summer (6 weeks)	8:00 am – 9:00 am	\$210
	9:00 am – 12:00 pm	\$840
	9:00 am – 4:00 pm	\$1,240

Discount

All registered preschool students (for the 2025-2026 school year), church members, and families registering three or more children receive a 10% discount on **registration fees**.

Registration Requirements

Your registration will be finalized and your little one's place secure when the following process has been completed:

- 1) Complete the Camp Mustard Seed Registration Form.
- 2) Process your camp registration (due with the form).
- 3) Process your tuition fees **(due by March 31st)**.

**KUMC Campus is a
Nut-Free Facility**



Enrollment Form

Please note all 3 years old and over must be fully potty trained

Child 1:

CHILD'S FIRST AND LAST NAME

MALE/FEMALE

NICKNAME

TSHIRT SIZE

DATE OF BIRTH

Registration Selection:

- Session A** (June 23rd – July 11th - *CLOSED July 4th)
- Session B** (July 14th – August 1st - *Aug 1st is 12pm dismissal)

Registration Hours:

- Early Care (8:00 am – 9:00 am)
- Morning Camp (9:00 am – 12:00 pm)
- Full Day Camp (9:00 am – 4:00 pm)

Child's Age/Grade: (Last grade completed)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 2 years old | <input type="checkbox"/> 3 years old | <input type="checkbox"/> 4 years old | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> 2 nd Grade | <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> 4 th Grade |
| <input type="checkbox"/> 5 th Grade | | | |

Child 2:

CHILD'S FIRST AND LAST NAME

MALE/FEMALE

NICKNAME

TSHIRT SIZE

DATE OF BIRTH

Registration Selection:

- Session A** (June 23rd – July 11th - *CLOSED July 4th)
- Session B** (July 14th – August 1st - *Aug 1st is 12pm dismissal)

Registration Hours:

- Early Care (8:00 am – 9:00 am)
- Morning Camp (9:00 am – 12:00 pm)
- Full Day Camp (9:00 am – 4:00 pm)

Child's Age/Grade:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 2 years old | <input type="checkbox"/> 3 years old | <input type="checkbox"/> 4 years old | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> 2 nd Grade | <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> 4 th Grade |
| <input type="checkbox"/> 5 th Grade | | | |

Family Information:

MOTHER'S NAME

FATHER'S NAME

E-MAIL ADDRESS

E-MAIL ADDRESS

CELL PHONE

CELL

WORK PHONE

WORK PHONE

HOME CHURCH

Child custody: Mother Father Both Other

Describe: _____

Medical and Emergency Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care, if warranted.

DOCTOR

PHONE

HOSPITAL PREFERENCE

MEDICAL INSURANCE

SUBSCRIBER NAME

POLICY #

GROUP #

Allergies/Restrictions:

Please list any allergies, special medical or dietary needs, recreation restrictions or other areas of concern noting which child this is applicable for:

Emergency Contacts:

Your child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency if for some reason the custodial parent or legal guardian cannot be reached.

NAME

RELATIONSHIP

PHONE (Circle one: Cell, Home, Work)

NAME

RELATIONSHIP

PHONE (Circle one: Cell, Home, Work)

NAME

RELATIONSHIP

PHONE (Circle one: Cell, Home, Work)

NAME

RELATIONSHIP

PHONE (Circle one: Cell, Home, Work)

Consent and Release:

I, the undersigned, as parent and/or legal guardian of _____ (hereinafter referred to as “my child”), hereby consent to my child participating in any and all activities at Kendall United Methodist Church and assume all risks on behalf of my child associated with said activities. I hereby certify that my child is mentally, emotionally, and physically able and capable of participating in all activities. If my child has any condition(s), which may be relevant to a physician in the event of an emergency, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize an adult supervisor to contact 9-1-1 Emergency and authorize emergency and non-emergency medical technicians and healthcare providers to assess the condition of my child and render medical assistance and treatment as determined necessary by such medical technicians and health care providers. If there are any activities that I do not want my child to participate in, I have listed them below.

I hereby agree that the Church shall be completely absolved, released, indemnified, and held harmless from any and all liability arising from or associated with any injury, death, obligation, liability, indebtedness, or other matter(s) of whatsoever kind concerning or otherwise involving my child’s participation in all activities and/or any medical services arising therefrom. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the State of Florida and that if any portion hereof is held to be invalid, it is agreed that the balance and all remaining terms shall, notwithstanding, continue to be in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not merely a recital.

I HAVE CAREFULLY READ THE FOREGOING RELEASE, WAIVER, AND INDEMNITY, KNOW THE CONTENTS THEREOF, AND I HEREBY SIGN THIS RELEASE, WAIVER, AND INDEMNITY OF MY OWN VOLITION.

Activities that I DO NOT want my child to participate in: _____

Phone number I can be reached in an emergency: _____

Photography:

I consent to allow the taking of photos or videos of my child and/or me during program activities. Photos/videos may reveal my child’s and/or my identity without any compensation paid to my child, to me, or others. All photos and videos may be used for promotional purposes.

Please mark one: Yes, I consent No, I do not consent

Please tell us how you learned about us:

- Internet
- Sign/Ad
- A friend or family member
- Currently attends KUMC Preschool or graduate of KUMC Preschool
- Other (please specify) _____

By signing below, you verify that all information on this registration form is complete and accurate. We look forward to caring for your child and getting to know your family.

PARENT / GUARDIAN SIGNATURE

DATE

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FOR OFFICE USE ONLY

Non-Refundable Registration Fee (\$90/\$115 per child)				
Camp Tuition -	Session A	Session B	Full Summer	
				Discount
				Total
				Amount Due

 Submission Date Amount Paid Method Purpose Staff Initial