

KINGDOM SUMMER ADVENTURES 2026

Registration Application

June 29, 2026 – July 31, 2026 | Ages 4–15 | Monday–Friday

Camp Hours: 9:00 AM–4:00 PM | Before Care: 7:00 AM–9:00 AM | Aftercare: 4:00 PM–6:00 PM

Camp Location / Daily Drop-Off & Pickup: Kingdom United Miracle Arena, 9010 Maier Rd, Ste. 119, Laurel, MD 20723

Registration Fee	\$50 nonrefundable per child
Weekly Tuition	\$250 per child, transportation included
Before Care	\$25 per week per child
Aftercare	\$25 per week per child

Sibling Discount: 10% off weekly tuition for each additional sibling.

1. Camper Information

Child's Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Grade Entering in Fall 2026: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

2. Parent / Guardian Information

Parent/Guardian Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Second Parent/Guardian Name: _____ Relationship: _____

Second Parent/Guardian Phone: _____ Email: _____

3. Emergency Contacts (other than parent/guardian)

Emergency Contact 1: _____ Relationship: _____

Phone: _____

Emergency Contact 2: _____ Relationship: _____

Phone: _____

4. Weeks Requested

- Week 1: June 29–July 3, 2026 — Career Adventure Week
- Week 2: July 6–10, 2026 — Water Adventure Week
- Week 3: July 13–17, 2026 — Nature Adventure Week
- Week 4: July 20–24, 2026 — Challenge Adventure Week
- Week 5: July 27–31, 2026 — Kingdom Adventure Finale Week
- My child will attend all 5 weeks

5. Care Options

- Standard Camp Day Only (9:00 AM–4:00 PM)
- Before Care Needed (7:00 AM–9:00 AM) — \$25/week

- Aftercare Needed (4:00 PM–6:00 PM) — \$25/week
- Both Before Care and Aftercare Needed — \$50/week

6. Authorized Pickup List

Only individuals listed below will be permitted to pick up your child unless written permission is provided.

Name	Relationship	Phone Number

Should staff request photo ID if the adult is not recognized? Yes No

7. Medical Information

Primary Physician: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Allergies: _____

Medical conditions camp staff should know about: _____

Does your child require medication during camp hours? No Yes

Dietary restrictions: _____

Additional physical, emotional, developmental, or behavioral support needs:

8. Transportation and Daily Outings

Kingdom Summer Adventures includes daily outings and off-site adventures connected to weekly camp themes. Transportation for scheduled camp outings is included in weekly tuition.

I understand that my child may participate in supervised daily outings as part of the camp program. Yes No

9. Parent Acknowledgment and Payment Agreement

- I understand that a \$50 nonrefundable registration fee is required per child.
- I understand that first week payment is due to secure enrollment.
- I understand that weekly camp tuition is \$250 per child, with transportation included.
- I understand that before care and aftercare are charged separately.
- I understand that each additional sibling receives 10% off weekly tuition.

Parent/Guardian Signature: _____ Date: _____

10. Field Trip and Daily Outing Permission

I give permission for my child to participate in supervised field trips, community visits, and daily off-site outings as part of Kingdom Summer Adventures 2026.

- Yes, my child may attend camp outings and field trips
- No, my child may not attend camp outings and field trips

Parent/Guardian Signature: _____ Date: _____

11. Photo and Media Release

I grant permission for Kingdom Summer Adventures to photograph or record my child for camp-related use, including church communications, camp promotions, social media, flyers, recap materials, and future camp advertising.

- Yes, I give permission
- No, I do not give permission

Parent/Guardian Signature: _____ Date: _____

12. Behavior Agreement

To help maintain a safe, respectful, and positive environment, all campers are expected to follow instructions, remain with their group, use respectful language, behave safely on-site and off-site, respect staff, peers, and property, and participate appropriately in camp activities.

I understand that repeated unsafe, disruptive, or disrespectful behavior may result in parent contact, suspension, or dismissal from camp.

Parent/Guardian Signature: _____ Date: _____

Child Signature (if age-appropriate): _____

13. Parent Handbook Acknowledgment

I acknowledge that I have received, read, and agree to follow the policies and procedures of Kingdom Summer Adventures 2026.

Parent/Guardian Signature: _____ Date: _____

14. Office Use Only

Registration Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Week 1 Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Before Care Selected <input type="checkbox"/> Yes <input type="checkbox"/> No
Aftercare Selected <input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling Discount Applied <input type="checkbox"/> Yes <input type="checkbox"/> No	Forms Complete <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Form Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Pickup List Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Field Trip Permission Complete <input type="checkbox"/> Yes <input type="checkbox"/> No