

BUILD it UP SUMMER CAMP

2026

Looking for a Summer Camp that does more than just fill the time?



Our summer camp builds strong character through play, teamwork, creative projects and hands-on activities.

Daily Schedule

7:30–8:30	Morning Care
8:30–11:30	Morning Program
11:30–12:00	Dual Program Lunch Break
12:00–3:00	Afternoon Program
3:00–4:00	Afternoon Care

Each session lasts 3½ hours and includes a simple snack. The overlapping 30-minute mid-day break gives campers time to enjoy a family-provided lunch.

Kids of Character Line-Up

- July 6–10
Heroes in the Making
- July 13–17
Wonders of the World
- July 20–24
Do-ers of Tomorrow
- July 27–31
Creation Keepers
- August 3–7
Kindred Spirits
- August 10–14
Masterpiece Makers
- August 17–21
Mission Possible – Agents for Good

The program is staffed with the same incredible Afterschool leaders your child may already know!



Every kid is a character—help shape the character they become.

SUMMER CAMP FEE STRUCTURE

Daily Fees

Program Type	Rate
Half Day Session	\$35 per day
Full Day Session	\$65 per day

Standard Weekly Cost (No Discount)

Program Type	Daily Rate × 5 Days	Weekly Total
Half Day	\$35 × 5	\$175/week
Full Day	\$65 × 5	\$325/week

Weekly Discounted Rates

(Weekly rates apply to Monday–Friday attendance only)

Program Type	Discounted Weekly Rate	Weekly Savings
Half Day	\$160/week	Save \$15
Full Day	\$300/week	Save \$25

Extended Care (Optional Add-On)

Care Type	Rate
Morning Care (7:30–8:30)	\$15 per session
Afternoon Care (3:00–4:00)	\$15 per session
Both (Same Day)	\$25 per day

Additional Discounts

(Only one of the 5% discounts may be combined with the Weekly Discounted Rate)

The discount that provides the greatest savings to the family will be applied to the total program cost.)

Discount Type	Amount
Early Bird (Register by 4/1/26)	5% off
Multi-Week Discount (3+ weeks)	5% off
Sibling Discount (after first child)	5% off

Sample Cost Scenarios

Example 1: One Child, Full Day, One Week

- Weekly rate: \$300
- **Total: \$300**

Example 2: One Child, Full Day, 3 Weeks + Early Bird

- Base: \$300 × 3 = \$900
- 5% Multi-Week Discount: \$45
- 5% Early Bird Discount: \$45
- **Final Total: \$810**

Example 3: Two Siblings, Half Day, One Full Week M-F

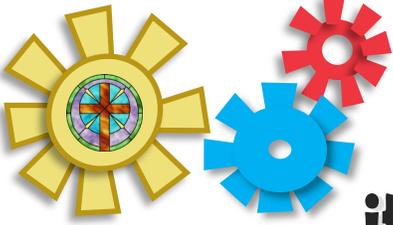
- Child 1: Discounted Rate of \$160
- Child 2: Discount Rate + (5% sibling discount): \$152
- **Total: \$312**

ENROLLMENT PROCESS

Summer Camp Enrollment Calendars are to be completed by the parent and returned with the Registration Form.

There is a \$10 per session per child deposit fee. This non-refundable deposit is due at registration and will be deducted from your balance. The option to pay in full is available.

Your initial Deposit/Payment Statement will be generated based on your Enrollment Calendar and emailed to you. Instructions for payment are provided on the statement.



2026 BUILD it UP SUMMER CAMP WEEKLY LINE UP

7 Weeks of Building the Best Version of Ourselves

Each week highlights different skills—from confidence and teamwork to creativity and compassion—helping kids grow inside and out.

WEEK 1 | July 6–10

Heroes in the Making

Campers become hero recruits as they discover their unique strengths, practice helping others, and learn how everyday heroes make a positive difference.

WEEK 2 | July 13–17

Wonders of the World

Pack your bags! Campers explore countries, cultures, traditions, and famous landmarks through hands-on activities, games, and creative play.

WEEK 3 | July 20–24

Do-ers of Tomorrow

Young engineers tackle fun, real-world challenges using creativity, teamwork, and problem-solving to design solutions for the future.

WEEK 4 | July 27–31

Creation Keepers

Campers discover how people, animals, and nature are connected—and learn how they can care for and protect the world we share.

WEEK 5 | August 3–7

Kindred Spirits

A heartwarming week focused on friendships, family, and community as campers build empathy, kindness, and strong relationships.

WEEK 6 | August 10–14

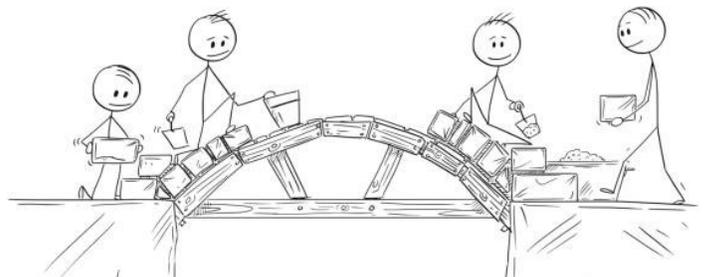
Masterpiece Makers

Campers become authors and artists, using imagination and creativity to bring their ideas to life through storytelling, writing, and art.

WEEK 7 | August 17–21

Mission Possible: Agents for Good

Secret agents in training complete exciting missions while practicing leadership, responsibility, and teamwork—all for a good cause!





ZION LUTHERAN CHURCH SUMMER CAMP REGISTRATION

**AGREEMENT FOR SUMMER CAMP
JULY - AUGUST 2026**

**LICENSE # 892989
MORNING SESSION 8:30-11:30
AFTERNOON SESSION 12:00-3:00**

If your child is currently enrolled in our Afterschool Program for the 2025–2026 year, you do not need to resubmit a full registration form. Please check the box below and complete the Family Information, Child Information and sign the Summer Camp Tuition and Payment Agreement.

I confirm that a completed 2025–2026 Afterschool Registration is already on file with this child care provider.

FAMILY INFORMATION

Parent / Guardian First Name: _____ Last Name: _____

Relationship to Child: _____ Authorized Pick-Up Emergency Contact

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone #: (____) _____ Accept Text (Y) (N) Email: _____

Employer: _____ Work Number: (____) _____ ext. _____

Parent / Guardian First Name: _____ Last Name: _____

Relationship to Child: _____ Authorized Pick-Up Emergency Contact

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone #: (____) _____ Accept Text (Y) (N) Email: _____

Employer: _____ Work Number: (____) _____ ext. _____

CHILD INFORMATION

Please complete the information below for each child you are enrolling into the Summer Camp Program. All sections are required unless marked "N/A." This information is used to support your child's safety, health, and participation in camp activities.

1. Child's First Name: _____ Last Name: _____

Date of Birth: _____ Grade Completed: _____ Gender: (M) (F)

Child lives with (circle one): Mother Father Both Other: _____

Other Helpful Information: _____

MEDICAL INFORMATION: Please list all allergies and medical concerns for which this child is currently being treated. Include any injuries or illnesses, medications being taken, and any physical or non-physical disabilities or conditions that may prevent participation in normal, rigorous activities. N/A

ADDITIONAL CHILDREN'S INFORMATION

2. Child's First Name: _____ Last Name: _____

Date of Birth: _____ Grade Completed: _____ Gender: (M) (F)

Child lives with (circle one): Mother Father Both Other: _____

Other Helpful Information: _____

MEDICAL INFORMATION: Please list all allergies and medical concerns for which this child is currently being treated. Include any injuries or illnesses, medications being taken, and any physical or non-physical disabilities or conditions that may prevent participation in normal, rigorous activities. N/A

3. Child's First Name: _____ Last Name: _____

Date of Birth: _____ Grade Completed: _____ Gender: (M) (F)

Child lives with (circle one): Mother Father Both Other: _____

Other Helpful Information: _____

MEDICAL INFORMATION: Please list all allergies and medical concerns for which this child is currently being treated. Include any injuries or illnesses, medications being taken, and any physical or non-physical disabilities or conditions that may prevent participation in normal, rigorous activities. N/A

4 Child's First Name: _____ Last Name: _____

Date of Birth: _____ Grade Completed: _____ Gender: (M) (F)

Child lives with (circle one): Mother Father Both Other: _____

Other Helpful Information: _____

MEDICAL INFORMATION: Please list all allergies and medical concerns for which this child is currently being treated. Include any injuries or illnesses, medications being taken, and any physical or non-physical disabilities or conditions that may prevent participation in normal, rigorous activities. N/A

AUTHORIZED PICK UP AND EMERGENCY CONTACTS

Zion will not release children under any circumstances without written authorization by a parent or legal guardian.

Your child(ren) will be released ONLY to those on this list. Listed individuals must provide a valid photo ID.

Please remember to provide written authorization if there is a change in who is picking up your child.

Name: _____ Phone Number : _____

Relationship to child : _____ Authorized to Pick up
 Authorized Emergency Contact

Name: _____ Phone Number : _____

Relationship to child : _____ Authorized to Pick up
 Authorized Emergency Contact

MEDICAL INFORMATION

Primary Doctor / Pediatrician: _____ Phone #: _(____)_____

Preferred Hospital: _____ Insurance: (Y) (N) Subscribed Member: (Mother) (Father) (Other)

Carrier: _____ Policy #: _____ Group #: _____

Other Medical Information: _____

WE ARE MAT CERTIFIED AND ARE LICENSED TO ADMINISTER PRESCRIBED DRUGS OR OVER-THE-COUNTER MEDICINE

GENERAL RELEASE AND EMERGENCY MEDICAL TREATMENT AGREEMENT

I/We as parent(s) or legal guardian(s) for _____ (name of minor) (hereinafter referred to as "Participant"), hereby give permission for the named child to take part in the Zion Lutheran Church Afterschool / Summer Camp Program, and any and all activities with complete knowledge and understanding that some activities may involve risk of serious injury, including a permanent disability and death.

I/We further authorize any Zion School Aged Child Care Staff Member or Volunteer, in his/her discretion, to obtain medical or emergency treatment for Participant.

In consideration for participation in the Zion Afterschool Program / Summer Camp, I/We further, as parent(s) of Participant (a minor) on behalf of said Participant, as well as on behalf of myself/ourselves, hereby forever release, acquit, discharge and hold harmless Zion Lutheran Church, their officers, employees, agents, counselors, chaperones, coaches, helpers, aids, or assistants (hereinafter collectively referred to as Zion's School Aged Child Care "SACC") of any and all liability, claims, actions, causes of actions, lawsuits, or rights or claims for damages, including but not limited to, claims for Zion's SACC own negligent acts or omissions, relating to or in any way arising out of Participant's participation in the Zion Afterschool / Summer Camp Program.

I/We understand that if my child should become ill or injured while at Zion's SACC Program, that the Administration Office will (1) contact me as soon as reasonably possible and (2) contact the person(s) I have designated if I cannot be reached. Should Zion SACC be unable to reach me and/or the person(s) designated, Zion's SACC is authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I/We will accept all responsibility for payment of medical services rendered. All staff members of Zion's SACC are mandated reporters of child abuse. A report is to be filed when reasonable cause has been given to suspect a child is being abused or maltreated by a parent, guardian, custodian or other person legally responsible for the child.

I/We have read, understand, and agree to all the above terms and conditions and have entered into the same of My/ Our own free will and accord.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PHOTO RELEASE FORM

With my signature below I grant permission for my child(ren), _____ to be photographed, or their images recorded for print or electronic use in promoting the Afterschool / Summer Camp Program. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the use. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

I GRANT PERMISSION

I DO NOT GRANT PERMISSION

Parent/Guardian

Date

SUMMER CAMP TUITION & PAYMENT AGREEMENT

TUITION FOR SUMMER CAMP:

- \$35 per Session or \$65 Full Day (Morning and Afternoon Sessions)
- Discounted Rates will be applied based on enrollment according to the 2026 Summer Camp Fee Structure.

DEPOSIT (Due at Registration):

- Summer Camp Enrollment Calendars are to be completed by the parent and returned with the Registration Form.
- There is a \$10 per session per child deposit fee. This non-refundable deposit will be deducted from the tuition. The option to pay in full is available.

BILLING & PAYMENT SCHEDULE:

- Your initial Deposit/Payment Statement will be generated based on your Enrollment Calendar and emailed to you. Instructions for payment are provided on the statement. If enrollment materials are received after the first of the month, an invoice will be issued within three (3) business days of receiving the Enrollment Calendar. Subsequent invoicing will occur on the first of each month, as applicable.
- FULL PAYMENT is due upon receipt of the invoice. Payment must be made in the form of a check or at the ZionClarenceCenter.com website Under Giving and Payments. CASH WILL NOT BE ACCEPTED.
- Refunds for camps will be honored until May 31st, 2026 with a \$5.00 cancellation fee per child per week of camp. * This does not include a refund of the initial deposit. Refunds will NOT be issued for absence regardless of reason, including: illness, or other causes.
- Zion Lutheran Church is contracted through the Department of Social Services should assistance be needed.

ADDITIONAL FEES:

I understand these additional fees could be added to my invoice:

- Declined Credit Card \$15.00
- Returned Checks \$35.00
- Early Drop Off / Late Pick Up Fee \$8.00/per child per instance.

I _____ am entering into a financial agreement with Zion Lutheran Church, and understand and agree to all the terms and conditions above.



2026 SUMMER CAMP Enrollment Form

CHILD (REN)'S NAME(S) _____

Please fill out this calendar by marking the sessions your child(ren) will be enrolled in the Summer Camp.
Use the child's initials if you are marking for multiple children.
Return your completed calendar in person or email it to Elaine@ZionClarenceCenter.com
An Invoice will be generated according to your selections and emailed to you.
Instructions for how to make a payment will be on your invoice.

JULY						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
WEEK 1 Heroes in the Making	6	7	8	9	10	11
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
	<input type="checkbox"/> Morning Care <input type="checkbox"/> Afternoon Care					
WEEK 2 Wonders of the World	13	14	15	16	17	18
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
	<input type="checkbox"/> Morning Care <input type="checkbox"/> Afternoon Care					
WEEK 3 Do-ers of Tomorrow	20	21	22	23	24	25
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
	<input type="checkbox"/> Morning Care <input type="checkbox"/> Afternoon Care					
WEEK 4 Creation Keepers	27	28	29	30	31	1
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
	<input type="checkbox"/> Morning Care <input type="checkbox"/> Afternoon Care					

Number of Sessions Enrolled: _____

Zion Lutheran Church Afterschool Ministry
9535 Clarence Center Road, Clarence Center, NY 14032
716-741-2656 / Elaine@ZionClarenceCenter.com



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CHILD (REN)'S NAME(S) _____

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Use the child's initials if you are marking for multiple children.

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AUGUST						
ZION'S "BUILD IT UP" SUMMER CAMP ENROLLMENT CALENDAR						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	3	4	5	6	7	8
WEEK 5 Kindred Spirits	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
	<input type="checkbox"/> Morning Care					
	<input type="checkbox"/> Afternoon Care					
WEEK 6 Masterpiece Makers	10	11	12	13	14	15
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
	<input type="checkbox"/> Morning Care					
<input type="checkbox"/> Afternoon Care	<input type="checkbox"/> Afternoon Care	<input type="checkbox"/> Afternoon Care	<input type="checkbox"/> Afternoon Care	<input type="checkbox"/> Afternoon Care		
WEEK 7 Mission Possible Agents for Good	17	18	19	20	21	22
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
	<input type="checkbox"/> Morning Care					
<input type="checkbox"/> Afternoon Care	<input type="checkbox"/> Afternoon Care	<input type="checkbox"/> Afternoon Care	<input type="checkbox"/> Afternoon Care	<input type="checkbox"/> Afternoon Care		
	24	25	26	27	28	29

Number of Sessions Enrolled: _____

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