



6:30 AM - 5:30 PM

6/16/25 - 8/8/25

KIDS SUMMER CAMP



2 LOCATIONS:

*** ODESSA HIGH SCHOOL:**

**570 TONY MARCHIO DR. TOWNSEND, DE 19734
MONDAY TO FRIDAY**

OR

***BUNKER HILL ELEMENTARY:**

**1070 BUNKER HILL RD. MIDDLETOWN, DE 19709
MONDAY TO THURSDAY**



**AGES 6-12
ENTERING GRADES
1ST-6TH IN FALL**

ACTIVITIES

- FUN CITY
- WESTOWN MOVIES
- CRAFTS/COOKING ACTIVITIES
- LOCAL PARKS
- CAMDEN AQUARIUM
- FRANKLIN INSTITUTE
- SKYZONE
- SPORTS
- WATERPLAY
- READING/WRITING CLUB
- CURSIVE/HANDWRITING PRACTICE
- SNAPOLOGY including:
 - Coding, building, technology, & science
- AND MUCH MORE!

VISIT US

WWW.BRILLIANTLITTLEMINDS.COM



2025 Summer Camp Deposit Form

8 weeks available

Location you are choosing (Circle One): **Bunker Hill Elementary** or **Odessa High School**
(Bunker Hill is Mon-Thurs, Odessa is Mon-Fri)

Name of child: _____ Date Received: _____

Date of Birth: _____ Grade: _____

Name of Parent/Guardian: _____

Cell Phone: _____ Email Address: _____

Choose # of weeks needed: _____ ** Must fill out form to circle the weeks needed and sign form

Start Date: _____

Location Pricing:

Bunker Hill (Monday to Thursday) : Every Week \$210 or Choosing Weeks \$240

Odessa High (Monday to Friday) : Every Week \$250 or Choosing Weeks \$280

Deposit:

\$_____ - Security Deposit (this is used for last week of camp)

\$365 - Summer Camp Activity Fee. (This will not be prorated or refunded). This fee can be paid in payments as long as in full by 5/30/25, if not then will not be refunded and you will forfeit your spot.

Total Deposit Due: \$ _____. (Last week and Summer Camp Activity Fee total)

The first week of camp will be auto billed to your account the Friday before start date.

Example: If you are starting the first week of camp on 6/16/25 then your auto bill will be charged to your account to come out on Friday 6/13/25.

– ALL ACCOUNTS MUST BE SETUP ON AUTO PAY

Attached please find a deposit in the amount of \$_____ to hold the spot beginning _____.

This was paid in Cash _____, Check # _____, or Bill account _____

I understand that the deposit is not refundable for any reason. Once deposit is made in the amount of one week's tuition, security deposit and summer camp activity fee. I understand that if my child(ren) do not start within 2 weeks of the agreed upon date, that I will either begin full payments to hold the space or forfeit the spot.

Signature of Parent/Guardian

Date

BRILLIANT LITTLE MINDS
SUMMER CAMP 2025
IMPORTANT INFO

- Summer Camp Starts Week of 6/16/25 through week of 8/4/25 - 8 weeks total
 - Closed on these days: **All listed on the calendar**
June 19, 2025
July 3rd , 4th & 7th
- Themed Weeks and Weekly Field trip
- Daily Activities to include Education, writing prompts, book clubs, math, literacy and science
- Due to limited space – no part time schedule is available
- Not able to offer any discounts except sibling – 5% off one child tuition but can't discount field trip fee
- This is for rising 1st through 6th graders only
- Hours are 6:30 am to 5:30 pm
- Breakfast and snack is included, you must provide your own lunch (**peanut free**)
- Must arrive by 8:15 for breakfast (Cereal is provided for breakfast)
- Must arrive by 9:30 am, or we can not allow you to enter the building – NO ACCEPTIONS!!
- Some field trips leave earlier than 9:30 if you are late and the bus has left you may not come for the day
- We have the right to disenroll for behavior and or safety concerns. If there is safety concern to the other campers, themselves or to the staff, we can dismiss immediately. If we dismiss for misconduct, a refund will not be provided.
- If your child has a 504 plan or IEP it must be provided 2 weeks before camp starts to ensure we can make accommodations and discuss this with the families and staff.
- All weekly tuition payments can only be made with auto draft ACH, the payments are run every Friday for the next week's tuition. Failure to pay will suspend camp for the week.
- All locations close at 5:30 pm, late pickup fee is \$15 at 5:31, then \$5 a min starting at 5:35 pm
 - o More than 2 late pickups is immediate dismissal with no refunds for camp

Parent Name & Signature stating that you understand info above:

Child

Name(s): _____

Parent Name & Signature: _____

Summer Camp Pricing

- o **Odessa High School location** = MONDAY – FRIDAY

- Choose every week = \$250 a week
- Choose specific weeks = \$280 a week

- o **Bunker Hill Elementary location** = MONDAY – THURSDAY

- Choose every week = \$210 a week
- Choose specific weeks = \$240 a week

Important note for parents:

There is a \$365 non-refundable summer camp activity fee. This fee will include all field trips, sport activities, weekly treats from local establishments and a summer camp shirt. You may pay the fee in installments.

The activity fee is due in full by Friday 5/30/25. This will secure your child's/children's spot.

NO Refunds will be given!!

Parent Name & Signature stating that you understand info above:

Child Name(s): _____

Parent Name & Signature: _____

Brilliant Little Minds @ BHE

Camp 2025

For our staffing, billing, and programming purposes, please indicate which weeks of the summer camp program that your child/children will be attending. Your billing is based on weeks you have chosen on the chart below, as well as attendance records.

My child/children,

_____ will attend Camp
at BLM during the following weeks:

Brilliant Little Minds at Bunker Hill Elementary is closed on Fridays throughout summer

June 16 th – June 20 th	June 23 rd – June 27 th	June 30 th - July 4 th	July 7 th – July 11 th	July 14 th – July 18 th
Week 1	Week 2	Week 3	Week 4	Week 5
Yes No	Yes No	Yes No	Yes No	Yes No
Closed June 19th		Closed 3rd & 4th	Closed 7th	
July 21st – July 25th	July 28th – August 1st	August 4th – August 8th		
Week 6	Week 7	Week 8		
Yes No	Yes No	Yes No		

Please circle YES on the weeks your child will attend or NO on the weeks they will not attend.

Tuition Weekly: \$210 Full Summer

\$240 Choosing specific weeks

Activity Fee: \$365

Deposit: \$240 - will be given back your last week of camp.

Parent Signature

Date

Brilliant Little Minds @ OHS

Camp 2025

For our staffing, billing, and programming purposes, please indicate which weeks of the summer camp program that your child/children will be attending. Your billing is based on weeks you have chosen on the chart below, as well as attendance records.

My child/children,

_____ will attend Camp
at BLM during the following weeks:

June 16 th – June 20 th	June 23 rd – June 27 th	June 30 th - July 4 th	July 7 th – July 11 th	July 14 th – July 18 th
Week 1	Week 2	Week 3	Week 4	Week 5
Yes No	Yes No	Yes No	Yes No	Yes No
Closed June 19th		Closed 3rd & 4th	Closed 7th	
July 21 st – July 25 th	July 28 th – August 1 st	August 4 th – August 8 th		
Week 6	Week 7	Week 8		
Yes No	Yes No	Yes No		

Please circle YES on the weeks your child will attend or NO on the weeks they will not attend.

Tuition Weekly: \$250 Full Summer

\$280 Choosing specific weeks

Activity Fee: \$365

Deposit: \$250 - will be given back your last week of camp.

Parent Signature

Date

★ No fee if using checking account, 2% fee for credit card

Tuition[®]
Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____

For Official Use Only

Date Received _____

Employee Signature _____

John Sample
Mary Sample
123 Nice Street
Anytown, USA

DEBIT OF THE CARD
555-555-4555

00226

Pay to the order of: **Attach Voided Check Here** \$ _____

Deposit slips not accepted _____ Dollars

0123456789 1000338 0226

Routing Number Account Number Check Number

★ No need to attach voided check
A service of



procure
SOFTWARE[®]

June 2025

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Notes

Please make sure you arrive on time and read Procure for updates.

Fun City: Bag lunch needed(No Peanut Products) Waiver online(Funcitybear.com) (Camp Shirt)

Camden Aquarium: Bag lunch needed (No Peanut Products) (Camp Shirt)

Notes
Please make sure you arrive on time and read Procure for updates.

Fun City: Bag lunch needed(No Peanut Products) Waiver online(Funcitybear.com) (Camp Shirt)
Camden Aquarium: Bag lunch needed (No Peanut Products) (Camp Shirt)

Fun City: Bag lunch needed(No Peanut Products) Waiver online(Functioncitybear.com) (Camp Shirt)

Camden Aquarium: Bag lunch needed (No Peanut Products) (Camp Shirt)

July 2025

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29	30	1 Snapology (S.T.E.A.M) Amusement Park Adventures 9:00 am OHS 1:00 BHE	2	3 CLOSED	4	5
6	7 Closed	8	9 Snapology Creature Creator (Robotics) 9:00 am OHS 1:00 pm BHE	10 Westown Movies Elio	11	12
13	14	15 Snapology Sports Science (S.T.E.A.M) 9:00 am OHS 1:00 BHE	16 Franklin Institute Depart 8:00 am Return 3:00pm	17 Park	18	19
20	21	22 Snapology (S.T.E.A.M) Brick Art & Design Lab 9:00 am OHS 1:00pm BHE	23 Park Depart 9:30 am Return 11:30 am	24 Westown Movies Smurfs	25	26
27	28	29 Snapology (Robotics) AttackBots Beginner Coding 9:00 am OHS 1:00pm BHE	30 Main Event Depart 9:00 am Return 1:30 pm	31 Park Depart 9:30 am Return 11:30 am	1	2
3	4	Notes Please make sure you arrive on time and read Procare for updates. Franklin Institute: Bag lunch needed (Camp Shirt) (Sneakers) Main Event: Pizza Provided (Camp Shirt)				

August 2025

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
27	28	29	30	31	1	2	
3	4	5	6	7	8	9	
	Park	Skyzone WAIVER NEEDED Depart 9:00 am Return 1:00pm	Westtown Movies Bad Guys 2 Depart 9:30 am	Last Day BHL Campers			
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31	1	<div>Notes</div> <div>Please make sure you arrive on time and read Procare for updates.</div> <div>Skyzone: (Bag lunch needed) (Waiver Needed: skyzone.com/newark/) DAY OF CAMP AUGUST 6th for OHS Campers</div>					LAST

CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth, and Their Families

Child's Information			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
Parent/Guardian Information (1) Emergency Contact/Authorized to Pick-up Child		Parent/Guardian Information (2) Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	
Additional Emergency Contacts and People Authorized to Pick-up Child			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	

☐ **Emergency Medical Care**

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

☐ **Transportation**

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the center.

 Signature of parent/guardian

 Date

Medical Information	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

Family Child Care
Large Family Child Care Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

- | | | | |
|------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Allergies
(food, medicine, bee sting etc.) | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Fainting | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Behavior Problem |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision Difficulty | <input type="checkbox"/> Asthma |

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____

Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

Scalp, Skin	Heart	Vision	Ear, Nose	Lungs
Hearing	Throat	Abdomen	Blood Pressure	Eyes
Genitalia	Teeth	Extremities	Neck, Glands	Nervous System
Height	Weight			

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /		
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____

☐ M.D. ☐ P.N.P. Date: _____

Printed Name: _____

Telephone: _____



LEARNING ACADEMY

PERMISSION TO PHOTOGRAPH FORM

I, _____
(Parent's or Guardian's name)

give permission for _____
(Name of Child Care Provider)

to photograph my child/ren _____
(Child's Name)

For the following purposes:

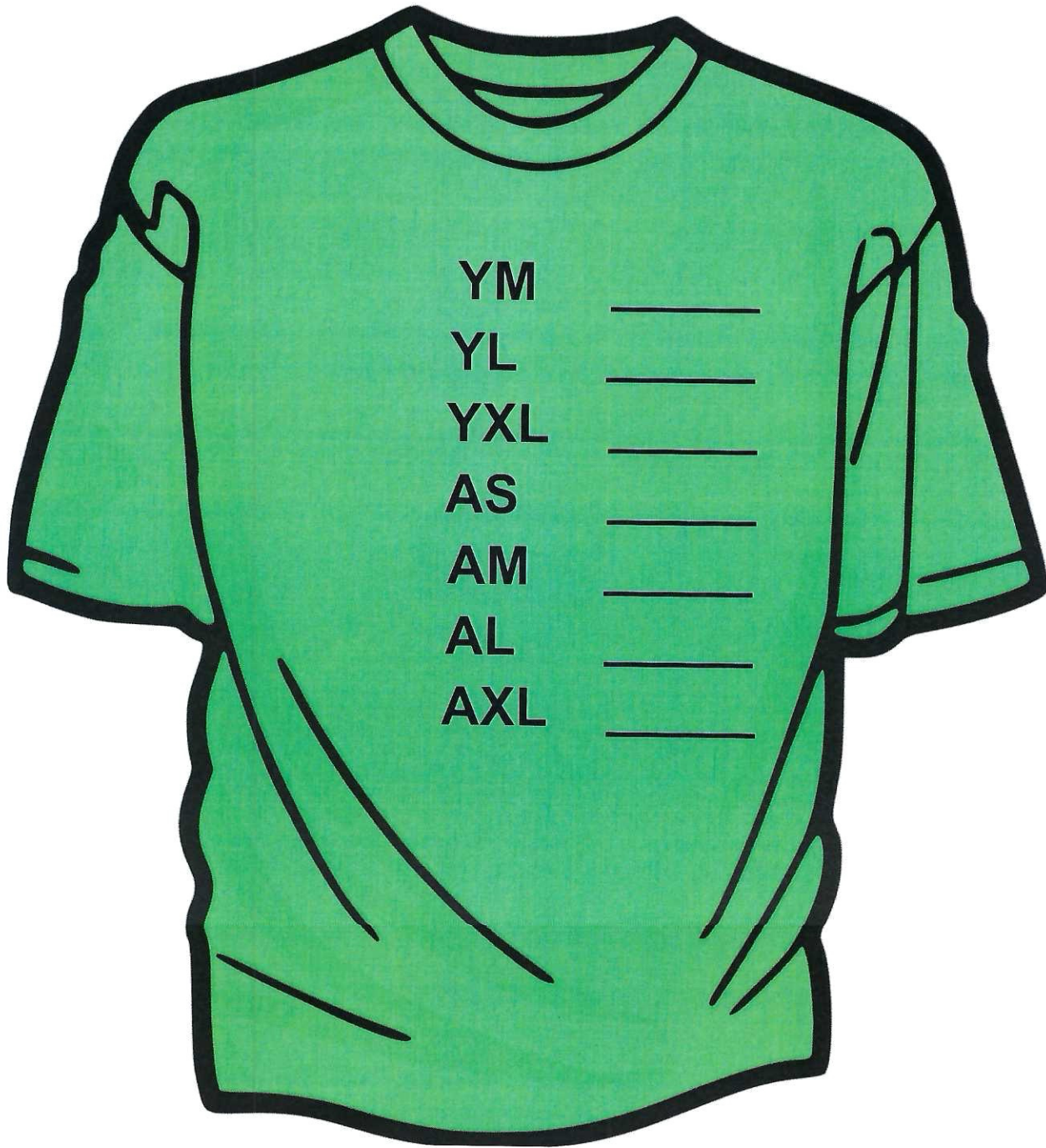
Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still photographs:		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website *		
Use still photos in promotional materials		
Videos:		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
Other (please list):		

* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date

SUMMER CAMP T-SHIRT FORM



Child's Name: _____

Parent Signature: _____ Date: _____

Brilliant Little Minds Summer Camp June Field Trips!

Your Child /Children will be participating with the following field trips during the month of June:

June 17th : Westown Movies (Lilo & Stitch) Depart 9:15 am Return 12:00 pm

June 18th : Fun City(Bag Lunch Needed)(Waiver online) Depart 9:00 am Return 1:00pm

June 24th : Park (Water Bottle Needed) Depart 9:30 am Return 11:30 am

June 25th : Camden Aquarium (Bag Lunch Needed) Depart 8:30 am Return 2:30 pm

June 26th : Westown Movies (How to Train your Dragon) Depart 9:15 am Return 12:00 pm

(Brown bag Lunches NO Peanut Products)

Comments: PLEASE MAKE SURE YOU ARRIVE ON TIME,WE WILL NOT WAIT.

Return the signed Permission Slip with Summer Camp Enrollment.

(Without this signed form your child/children cannot attend.)

Field Trip Permission Slip

I give permission for _____

To participate on June 17th _____ (Yes/No)

To participate on June 18th _____ (Yes/No)

To participate on June 24th _____ (Yes/No)

To participate on June 25th _____ (Yes/No)

To participate on June 26th _____ (Yes/No)

Signed: _____ **Date:** _____
Parent or Guardian

Brilliant Little Minds Camp July Field Trips!

Your child/children will be participating on the following field trips during the month of July **July 1st**:
Snapology (Amusement Park Adventures) OHS 9:00 am -12:00pm BHE 1:00 – 4:00 pm **July 9th**:
Snapology (Creature Creator) OHS 9:00 am -12:00pm BHE 1:00 – 4:00 pm **July 10th**: Westtown
Movies (Elio) Depart 9:15 am Return 12:00 pm **July 15th**: Snapology (Sports Science) OHS 9:00 am
-12:00 BHE 1:00 – 4:00 pm
July 16th: Franklin Institute (Bag Lunch Needed) Depart 8:00 am Return 3:00 pm **July 17th**: Park
(Water Bottle Needed) Depart 9:30 am Return 11:30 am
July 22nd: Snapology (Brick Art & Design lab) OHS 9:00 am -12:00pm BHE 1:00 – 4:00 pm
July 23rd: Park (Water Bottle Needed) Depart 9:30 am Return 11:30 am
July 24th: Westtown Movies (Smurfs) Depart 9:15 am Return 12:00 pm
July 29th: Snapology (AttackBots Beginner Coding) OHS 9:00 am -12:00pm BHE 1:00 – 4:00 pm
July 30th: Main Event (Pizza Provided) Depart 9:00 am Return 1:30 pm **July 31st**: Park (Water Bottle
Needed) Depart 9:30 am Return 11:30 am

Comments: PLEASE MAKE SURE YOU ARRIVE ON TIME. WE WILL NOT WAIT

*Return the signed Permission Slip with Summer Camp Enrollment.
(Without this signed form your child cannot attend.)*

-Field Trip Permission Slip

I give permission for (Child Name)

To participate on July 1ST _____ (Yes/No) To participate on July 23RD _____ (Yes/No)
To participate on July 9th _____ (Yes/No) To participate on July 24th _____ (Yes/No)
To participate on July 10th _____ (Yes/No) To participate on July 29th _____ (Yes/No)
To participate on July 15th _____ (Yes/No) To participate on July 30th _____ (Yes/No)
To participate on July 16th _____ (Yes/No) To participate on July 31st _____ (Yes/No)
To participate on July 17th _____ (Yes/No) To participate on July 22ND _____ (Yes/No)

Signed: _____ **Date:** _____

Brilliant Little Minds August Field Trips!

Your Child /Children will be participating with the following field trips during the month of August:

August 4th : Mobile Cloud OHS 10:00 am -12:00 pm BHE 1:00 – 3:00 pm **August 5th** : Skyzone
(**WAIVER ONLINE**) Depart 9:00 am Return 1:00 pm **August 6th** : Westown Movies (Bad Guys 2)
Depart 9:15 am Return 12:00 pm

Comments: PLEASE MAKE SURE YOU ARRIVE ON TIME.

Return the signed Permission Slip with Summer Camp Enrollment. (Without this signed form your child cannot attend.)

Field Trip Permission Slip

I give permission for _____

To participate on August 4th _____ (Yes/No)

To participate on August 5th _____ (Yes/No)

To participate on August 6th _____ (Yes/No)

Signed: _____
Parent or Guardian

Date: _____

Drop off & Pick up

Odessa High School Summer Camp



Drop off Times: 6:30 am -9:30 am The door to enter the building is on the opposite side of the playground. The door will be locked when you arrive. If we do not see you please ring the bell. A staff member will open the door.

NO ARRIVAL AFTER 9:30 AM

Please make sure you have our Procare app downloaded

Pick up Procedures: The door to enter the building is on the opposite side of the playground. PLEASE do not ring the doorbell during nap time 12:45 pm -2:30 pm. Message in Procare if you are picking up during this time. This location closes at 5:30 pm.