



6:30 AM - 5:30 PM

6/15/26 - 8/7/26

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



ACTIVITIES

- 3D PRINTING & LEGO DESIGN
- ASL / CURSIVE WRITING LESSONS
- CRAFTS & COOKING ACTIVITIES
- FRANKLIN INSTITUTE
- MOBILE CLOUD
- SKYZONE
- SPORTS/PICKLEBALL
- PAINTING WITH A TWIST
- BATTLESHIP, NJ
- AND MUCH MORE!



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

To Enroll:

Go to website, click on Summer Camp
Complete all forms

Email them back to

BLM.Middletown@gmail.com

VISIT US

WWW.BRILLIANTLITTLEMINDS.COM



2026 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)*

\$ \$400 - *Summer Camp Activity Fee. (This will not be prorated or refunded). This fee can be paid in payments as long as in full by 5/29/26, 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 6/15/26 then your auto bill will be charged to your account to come out on Friday 6/12/26.

– ALL ACCOUNTS MUST BE SETUP ON AUTO PAY on Brightwheel App

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 6/15/26 through week of 8/3/26 - 8 weeks total
 - Closed on these days: **All listed on the calendar**
 - * June 19, 2026
 - * July 2nd & 3rd
- 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 \$400 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 5/29/26. 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: _____

DEPOSIT CHOICES:

CHOOSE YOUR PAYMENT OPTION:

- Pay in full when paperwork is submitted
- Can pay in 3 equal payments, but must be paid in full by Friday 5/29/26
(write in the dates to make payment)
 - _____
 - _____
 - _____

**** No refunds will be given if partial payments or full payment was made**

Total deposit due:

\$400 - This includes Summer Camp Activity Fee
 + \$_____ - The last week of Summer Camp

= \$_____ TOTAL DUE (ADD up the above Summer Camp activity fee and last week of Summer Camp)

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

If you did not pay the deposit by cash or check then once we enter your info from the enrollment packet into Brightwheel, you will get a welcome to Brightwheel link and set up the payment and auto payment info. That is how you can pay the deposit. If you are a current family then we will update Brightwheel with the deposit info and you can pay that way. Spots are not held until initial payment is made, if final deposit is not paid by end of May you will forfeit your spot without a refund.

**** POC families - Deposit info**

Activity fee is not covered under POC you must pay that to hold your spot, with a \$50 last week of tuition. Once you have registered with the location and Site ID # with POC and your child is showing in the system, then we will adjust the weekly fee for your portion of the weekly tuition. If you owe more than \$50 we will let you know and if you over paid then we will give you a credit to use for the first week of tuition.

Site ID Number, call the call change center at (866) 843-7212, and give the SITE ID #
 Bunker Hill Location # 1720014000
 Odessa Location # 1720010400

Sign below stating that you understand there are no refunds given as well as you agree to the above deposit info with the choice of payment options.

Child Name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Brilliant Little Minds @ OHS

Camp 2026

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. Tuition is billed and charged the Friday before the week starts.

My child/children,

----- will attend Camp
at BLM during the following weeks:

June 15 th – June 19 th		June 22 nd – June 26 th		June 29 th – July 3 rd		July 6 th – July 10 th		July 13 th – July 17 th	
Week 1		Week 2		Week 3		Week 4		Week 5	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Closed 19 th				Closed 2 nd -3 rd					
July 20 th – July 24 th		July 27 th – July 31 st		August 3 rd – August 5 th					
Week 6		Week 7		Week 8					
Yes	No	Yes	No	Yes	No				
				Last day of Camp August 5 th					

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: \$400

Deposit: \$250 - will be credited toward your last week of camp.

Parent Signature

Date

Brilliant Little Minds @ BHE

Camp 2026

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. Tuition is billed and charged the Friday before the week starts.

My child/children, _____ will attend Camp
 _____ at BLM during the following weeks:

June 15 th – June 19 th	June 22 nd – June 26 th	June 29 th – July 3 rd	July 6 th – July 10 th	July 13 th – July 17 th
Week 1	Week 2	Week 3	Week 4	Week 5
Yes No	Yes No	Yes No	Yes No	Yes No
Closed 19 th		Closed 2 nd -3 rd		
July 20th – July 24th	July 27th – July 31st	August 3rd – August 6th		
Week 6	Week 7	Week 8		
Yes No	Yes No	Yes No		
		Last day of Camp August 6 th		

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

Tuition Weekly: \$210 Full Summer

\$280 Choosing specific weeks

Activity Fee: \$400

Deposit: \$210 - will be credited toward your last week of camp.

 Parent Signature

 Date

June 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15 OHS Down on the Farm	16 3D Design Brick It	17 Fun City Waiver Needed Depart 9:15 am Return 1:00 pm	18 Mobile Cloud OHS 10am BHE 1pm	19 CLOSED	20
21	22 OHS Down on the Farm	23 Thrillz Depart 8:30am Return 2:15 pm Waiver Needed	24 3D Design Brick It	25 Westown Movies Toy Story 5 Depart 9:30 am	26	27
28	29 OHS Down on the Farm	30 3D Design Brick It				
Bag lunch needed for Fun City & Thrillz (No peanut products) Brick It: Lego Creating 3D Design: Create & Print 3D design		Thrillz Waiver: Fun City Waiver:		https://waiver.roller.app/ThrillzPhiladelphia/home https://lilypadpos.app/function/bear/online/waiver/waiver.php		

July 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2 CLOSED	3 CLOSED	4
5	6 3 Palms Zoo Depart 9:30 am Return 12:00 pm <small>Rain Date July 20th</small>	7 3D Design Brick it	8 Mobile Cloud OHS 10am BHE 1pm	9 Westown Movies Minions 3 Depart 9:30am	10	11
12	13 OHS Down on the Farm	14 3D Design Brick it	15 Westown Movies Moana Depart 9:30 am	16 Franklin Institute Depart 8:00am Return 3:00 pm	17	18
19	20 OHS Down on the Farm	21 3D Design Brick it	22 Main Event Depart 9 am Return 1:30 pm Pizza Provided	23	24	25
26	27	28 3D Design Brick it	29 Painting with a Twist OHS 10 am BHE 12:30pm	30 Battleship NJ Depart 8:15 am Return 1:30 pm	31	
Bag lunch needed for the following trips: 3 Palms, Franklin Institute, & Battleship NJ						

August 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 3D Design Brick It	4 Skyzone Waiver Needed Depart: 9:00 am	5 Mobile Cloud OHS 10am BHE 1pm Last Day of Camp OHS	6 Last Day of Camp BHE	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31 First Day of School	Skyzone Waiver: https://waiver2.haveablast.roller.app/SkyZoneNewark/home Bag lunch needed for Skyzone (No peanut products)				

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.



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:

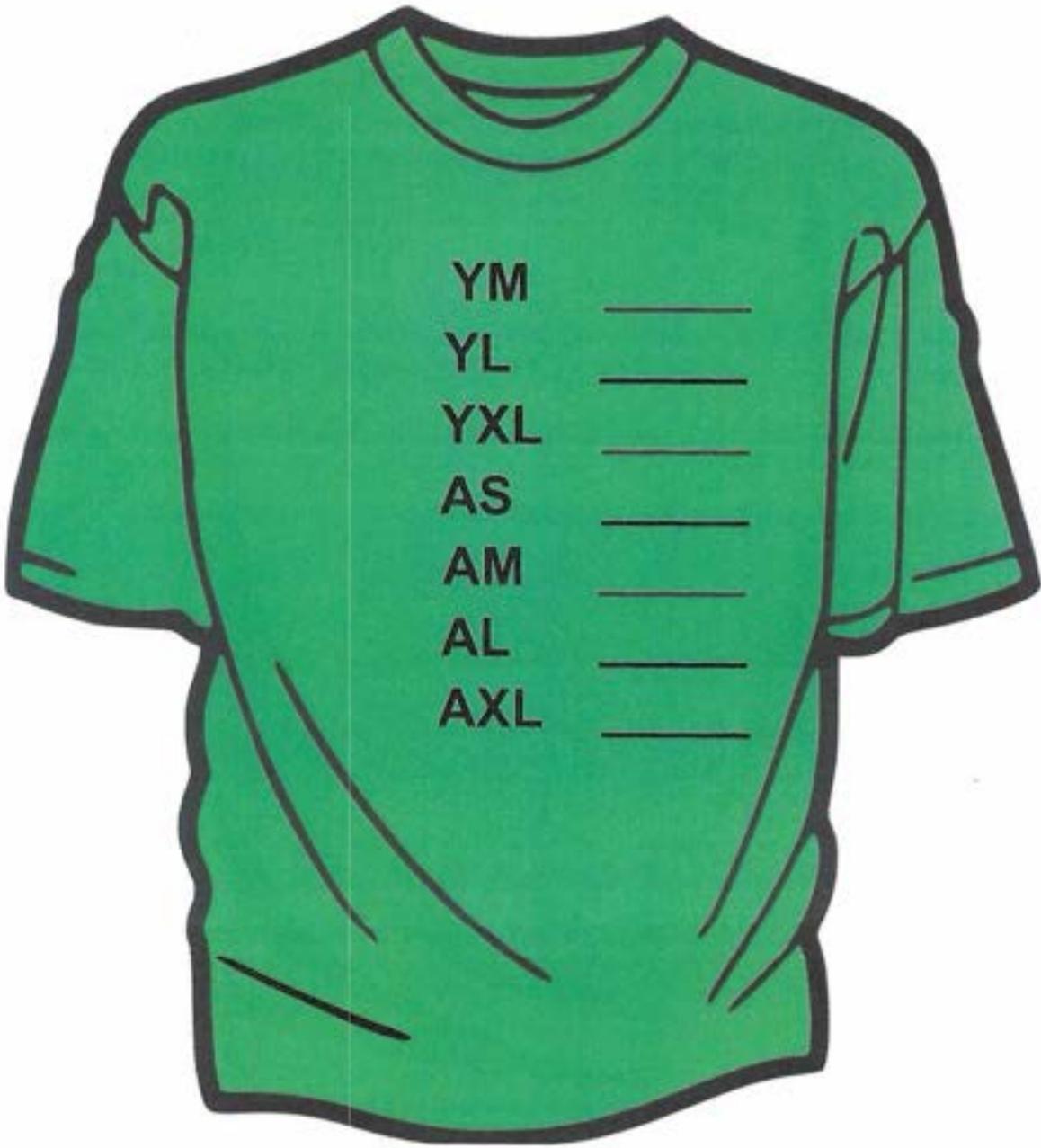
Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still photographs:		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's 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: _____

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 Procure 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 Procure if you are picking up during this time. This location closes at 5:30 pm.

Bunker Hill Elementary Drop off and Pick up Location



Follow around to the back of the school where you will see the playground. The roundabout circle is where you can pull up and drop off and pick up. You will need to go to the doors that are located there, a whiteboard will be at the doors with a walkie talkie. Hold the button in on the side to call on the walkie.

- Please stand at the door at pickup so we can verify who is picking up the children.
- Anyone on the pickup list will have to show the first time a drivers license to verify pickup.
- No one can come into the building, you must drop off and pick up at the door.
- Drop off is no later than 9:30 am
- Hours are 6:30 am to 5:30 pm