

Nashville UMC  
 Kidspace Summer Camp  
 2021 Application



Name of camper:

\_\_\_\_\_

(Last) (First) (MI) (Name Called By)

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ Grade completed in 2020: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Camper t-shirt size YXS YS YM YL YXL

**Please circle your child's priority for enrollment:**

Church member

Previously Enrolled

Currently Unaffiliated

Tuition is \$120.00 per week. There is no charge for one week of vacation. There is a 10% discount for the second and 20% for the third child.

<b>Week 1:</b> June 1-4	Full Day
<b>Week 2:</b> June 7-11	Full Day
<b>Week 3:</b> June 14-18	Full Day
<b>Week 4:</b> June 21-25	Full Day
<b>Week 5:</b> June 29-July 2	Full Day
(Closed July 5-9)	closed
<b>Week 6:</b> July 12-16	Full Day
<b>Week 7:</b> July 19-23	Full Day
<b>Week 8:</b> July 26-30	Full Day
<b>Week 9:</b> Aug 2-6	Full Day
<b>Week 10:</b> Aug 9-13	Full Day

**INFORMATION ABOUT THE FAMILY: Identification will be requested.**

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Names and ages of siblings/others living in home \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD:**

Does your child have any known allergies? No \_\_\_ Yes \_\_\_ \* If yes, please explain \_\_\_\_\_  
\*(Use back of form if needed)

Please give any information concerning your child which will be helpful for staff to know (such as fears, likes or dislikes, any special needs). If there are custody issues with a child, a meeting should be set up with the legal guardian of the child and the KidSpace Director.

**EMERGENCY CARE INFORMATION:**

Name of child's doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

In case of sickness or accident, if neither father nor mother (or guardian) can be contacted, call:

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

(These emergency contacts should be local residents because they may be asked to pick up a sick child.)

**Pick-up Information (People Authorized to pick-up child from camp) Identification will be requested.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Submitting this application does not necessarily mean your child will be enrolled in the NUMC Kidspace Summer Camp. If your child is admitted, you will receive an email or phone call as to the status of your application.

*Office Use Only* Received on: \_\_\_\_\_ Initial: \_\_\_\_\_