



Nashville UMC KidSpace Summer Camp 2018 Application

Name of Child: _____
(Last) (First) (MI) (Name Called By)

Birth Date: _____ Age _____ Grade completed in 2018: _____ Sex: Male _____ Female _____

Please circle your child's priority for enrollment:

Church member

Previously Enrolled

Currently Unaffiliated

Indicate week(s) your child will be attending and whether they will attend Full Day or Mini Camp

Week 1: June 11-15	Full Day	Mini Camp
Week 2: June 18-22	Full Day	Mini Camp
Week 3: June 25-29 (Closed July 2-6)	Full Day	Mini Camp
Week 4: July 9-13	Full Day	Mini Camp
Week 5: July 16-20	Full Day	Mini Camp
Week 6: July 23-27	Full Day	Mini Camp
Week 7: July 30-Aug. 3	Full Day	Mini Camp
Week 8: Aug. 6-10	Full Day	Mini Camp
Week 9: Aug. 13-17	Full Day	Mini Camp

INFORMATION ABOUT THE FAMILY:

Mother/Guardian's Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip _____

Where Employed _____ Business Phone _____ Email _____

Vehicle (Year, Make, Model, & Color): _____

Father/Guardian's Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip _____

Where Employed _____ Business Phone _____ Email _____

Vehicle (Year, Make, Model, & Color): _____

Names and ages of siblings/others living in home _____

Insurance Carrier _____ Policy # _____

209 E. Washington Street, Nashville, NC 27856

www.NashvilleUMC.net

252-459-7636

school@NashvilleUMC.net

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 _____

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(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 school)

Name: _____ Phone Number: _____

Relationship to Child: _____

Vehicle (Year, Make, Model, & Color): _____

Name: _____ Phone Number: _____

Relationship to Child: _____

Vehicle (Year, Make, Model, & Color): _____

Name: _____ Phone Number: _____

Relationship to Child: _____

Vehicle (Year, Make, Model, & Color): _____

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 as to the status of your application.

Office Use Only

Received on: _____ Initial: _____