Nashville Methodist Church

Kidspace Summer Camp

2024 Application



Name of camper:					
	(Last)	(First)	(MI)	(Name Called By)	
Birth Date:	Age	Age Grade completed in 2		Sex: Male	Female
Camper t-shirt size YS Y	YM YL YXL				
Please circle your child's ا	-	-		r Camp:	
		d Currently Unaffilia			
-				ne second and 20% for the	third child. Parent
will be required to pay fo	=			a. vaterbottleand2snacks	
rield trips are included in	the fullion. Camper	's need to bring their	lunch each day, av	valerbollieandzsnacks	•
Parent's signature					
Week 1:	June 3-7	Summer fun			
	June 10-14	Disney Week			
	June 17-21	Lego Week			
Week 4: June 24-	June 24-28	Jurassic Park	_		
		Closed July 1-5)		
Week 5:	July 8-12	Sports Week			
Week 6:	July 15-19	Christmas in Ju	uly		
	July 22-26	Pirates & Merr	maids		
Week 8	July 29- Aug. 2	Space Week			
Week 9	Aug 5-9	Down on the F Week	arm		
INFORMATION ABOUT T	HE FAMILY: Identific	ation will be requeste	ed at pick up.		
				t's signature	
Mother/Guardian's Name	۱ <u> </u>		Home Phone	Cell Phone	
Address					Zip
Where Employed		Business Phor	10	Email	
		Business i noi		Lindii	
Father/Guardian's Name			Home Phone	Cell Phone	
Address					Zip
Where Employed			Business Phone	Fmail	

_____ Names and ages of siblings/others living in home

Insurance Carrier

_____ Policy # _____ 209 E.

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 INFORMA	ITION:				
Name of child's doctor		Office Phone			
Name of child's dentist		Office Phone			
Hospital preference		Phone			
In case of sickness or acciden	t, if neither father nor mothe	er (or guardian) can be contact	ed, call:		
Name	Cell Phone	Home Phone	Relationship		
		Home Phone ause they may be asked to pick			
		from camp) Identification will			
Name:	Pho	ne Number:			
Relationship to Child:					
Name:	Pho	ne Number:			
Relationship to Child:					
Name:	Pho	ne Number:			
Relationship to Child:					
Parent or Guardians Signatur	e:	Dat	e:		
*Submitting this application of admitted, you will receive an		our child will be enrolled in the status of your application.	NMC Kidspace Summer Cam	p. If your child is	

Office Use Only Received on: ______ Initial: ______