

Nashville Methodist Kidspace Summer Camp

2025 Application



Name of camper:

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

Birth Date: _____ Age _____ Grade completed in 2025: _____ Sex: Male _____ Female _____

Camper t-shirt size YXS YS YM YL YXL

Please mark your child's priority for enrollment:

Church member _____ Previously Enrolled _____ Currently Unaffiliated _____

Registration fee is \$75.00 - Tuition is \$150.00 per week. There is a 10% discount for the second and 20% for the third child. Parents are **REQUIRED** to pay for the weeks that **YOU REQUEST - EVERY TWO WEEKS. First payment is due - JUNE 6th.** Please check the weeks that you will need. A \$10.00 field trip fee is included in the tuition. Any field trip cost above that amount will become an extra fee for that particular week. A CANCELLATION FEE OF \$50.00 will be charged for any week that is not attended without a 2 week notification.

Campers need to bring their lunch each day, a water bottle and 2 snacks.

- | | |
|---|---|
| <input type="checkbox"/> Week 1: June 9-13 | Summer Fun Week - Pool/Water Week/Chuck E. Cheese |
| <input type="checkbox"/> Week 2: June 16-20 | Down on the Farm Week - Pool/Farm Visit |
| <input type="checkbox"/> Week 3: June 23-27 | Lego/Stem Week - Pool/Stem w/Sarah |
| Closed June 30-July 4 | |
| <input type="checkbox"/> Week 4: July 7-11 | Sports Week - Pool/Bowling or Roller Skating/Park |
| <input type="checkbox"/> Week 5: July 14-18 | Jurassic Week - Pool/Museum Visit |
| <input type="checkbox"/> Week 6: July 21-25 | Community Helpers/Heros Week - Pool/Police/Fire Visit |
| <input type="checkbox"/> Week 7: July 28-Aug 1 | Ocean Week - Pool/Water Week Activities |
| <input type="checkbox"/> Week 8: Aug -4-8 | Space/Science Week - Pool/Imagination Sta/Imperial Cn |
| <input type="checkbox"/> Week 9: Aug 11-15 | Disney Week - Pool/Movie Theatre/Chuck E. Cheese |

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 # _____

209 E. Washington Street, Nashville, NC 27856 www.nashvillemethodist.com

252-459-7636 school@nashvillemethodist.com

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 your 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 Guardian's Signature: _____ Date: _____

***Please submit an updated copy of vaccination records.**

*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: _____