



Pledge to the Future. Building Strong Minds and Bodies

Registration Now Open

Be You - P.R.E.S.S. Forward Camp

**June 1 – July 24
8:00 AM – 4:30 PM**

The camp will focus on children's Purpose, Responsibility, Education, Safety, Success (P.R.E.S.S.) through fun and educational field trips, sports activities, music, and more!

Ages: 6 – 12

Cost Per Week: \$75/Per Child (***Child Care Vouchers are accepted***)

Non-Refundable Application Fee (due at time of registration): \$15/Per Child

One Time Activity Fee (due at camp orientation): \$25/ Per Child

Summer Camp Orientation Days:

Tuesday, May 12th 5:30-6:00 PM

Or

Thursday, May 28th 5:30-6:00 PM

All Summer Camp Parents **MUST** attend one of the Summer Camp Orientations Offered; a \$20 processing fee will be assessed if orientation is not attended and will be due prior to participation in the program.

Before/After Camp Care

Before/After Camp Care Per Week: \$40/Per Family (up to 3 children, each add'l child \$5)

Before Camp Care Hours: 7:00 AM – 8:00 AM

After Camp Care Hours: 4:30 PM – 5:30 PM

For more information call: 615-320-1131

To pick up an application, visit: The 18th Avenue Family Enrichment Center at
1811 Osage St. Nashville, TN 37208



**Summer Camp Registration Form
Agreement/Contract**

Child's Name _____ Date of Birth _____
Grade child will enter in Fall _____ Address _____
City _____ State _____ Zip code _____

Mother's Name _____ Phone _____
Secondary Phone _____ Work Phone _____ Email _____
Employer _____
Father's Name _____ Phone _____
Secondary Phone _____ Work Phone _____ Email _____
Employer _____

If neither mother nor father (guardian) can be contacted in an emergency, contact:
Name _____ Phone _____ Phone _____
Name _____ Phone _____ Phone _____
Child's Pediatrician _____ Phone _____
Child's Dentist _____ Phone _____
Insurance Company _____ Policy # _____

Persons authorized to pick up your child:
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

HEALTH HISTORY – ENTER INFORMATION AND APPROPRIATE DATES

Asthma _____ Frequent bloody nose _____
Chronic/Recurring Illness _____ Heart defect/disease _____
Convulsions _____ Hay fever _____
Ivy poisoning _____ Insect stings _____
Allergy to Penicillin or other drugs _____ Food allergy _____
Is your child on regular medication? If so, name and condition being treated _____

Any other important information we may need to better serve your child: _____

- *My child, _____, has permission to participate in all scheduled field trips during EAFEC summer camp.
- *I hereby give permission for the physician selected by the camp director to secure proper medical treatment for my child if either parent or the child's pediatrician is not available.
- *My child will not be released to anyone not on the pickup list without written permission from me.
- *I understand Summer Camp closes at 4:30 p.m. Late pickup fee is \$1.00 per minute thereafter.
- *I understand that weekly payments are due on or before Monday of each week. Returned check fee is \$20.00.
- * If payment is one week behind this could result in termination of my child.

Parent/Guardian Signature _____ Date _____

T-Shirt Size (Please circle one) Youth: S M L Adult: S M L
