



# 2025 Summer Camp Registration Form

Please fill in every line. Put N/A if not applicable.

Child's Name (1): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Child's Name (2): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

(1) School: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

(2) School: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Information

This person will be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached. Eakin Care Program staff will not release children to anyone whose behavior may place a child in immediate danger.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home or School Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

### Emergency Medical Release

In case of emergency, I understand that every effort will be made to contact me or the emergency contact person listed above. If we cannot be reached, I hereby give permission to the physician listed on the form to secure proper treatment for my child at my expense.

Physician's Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

Children shall only be released to the child's parent, or a person authorized by the parent. Please list any other adults who are authorized for pick-up:

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Please list any allergies or medications that should be considered:

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### CAMP WEEKS

Please check the week(s) your child(ren) will attend. We will be closed the month of June due to MNPS Promising Scholars.

Early Bird Rates are applicable to registration before May 1, 2025. Regular rates are effective beginning May 1, 2025. All rates are per child.

Child #1	Child #2	Week	Dates	Theme	Early Bird Rate	Regular Rate	Total Due
		1	June 30 – Jul 3 (closed Jul 4)	Disney Week	\$180	\$192	
		2	July 7 – 11	Sunshine Shenanigans	\$225	\$240	
		3	July 14 – 18	Safari Season	\$225	\$240	
		4	July 21 – 25	Out of this World	\$225	\$240	
		5	July 28 – 31 (closed Aug 1)	Ready Player One	\$180	\$192	

### Deposit and Registration Fee

A deposit of \$125 per child per camp week is due with this registration form in order to hold the space. The deposit is applied to your total balance. Balances for each week must be paid in full on or before the Monday of that week.

If your child is not enrolled in Eakin Care Program, there is also a \$60 registration fee per child due with this form. The registration fee is non-refundable and good for one year.

I would like to pay with this form:

Deposit: \$125 x number of weeks per child + \$60 registration fee per child (if applicable): \$\_\_\_\_\_

OR

Balance in full (See rates above to calculate total): \$\_\_\_\_\_

We accept payment through check, cash, Zelle, and Venmo. If you would like to pay through Venmo, please email us at [eakincareprogram@gmail.com](mailto:eakincareprogram@gmail.com) so that we can determine your Venmo convenience fee.

## CHILD'S HEALTH HISTORY

To provide the best care for your child, we are requesting the following information. Under HIPPA regulations, all medical information will be kept confidential.

	No	Yes	Child's Name	If yes, please list or explain.
Has your child ever been in the hospital overnight?				
Is your child taking any medication?				
Any allergies or reactions to medicine, vaccinations, or insects?				
Has your child had asthma or wheezing issues?				
Does your child have hearing or speech difficulties?				
Does your child have difficulty with his/her eyes or vision?				
Has your child experienced seizures?				
Has your child been diagnosed with a heart murmur?				
Is your child unable to play games or sports that require physical exertion?				
Has your child had ear tubes?				

Please list any medical issues not addressed above:

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 Date of last Doctor's visit (month/year): \_\_\_\_\_

Are your child's immunization records current and on file with Metro Nashville Public Schools? \_\_\_\_\_

If not, please provide a copy to Eakin Care Program along with this form.

### PARENT DECLARATIONS

Please Initial:

\_\_\_\_\_ In all emergencies, Eakin Care Program has permission to take such reasonable measures as are, in their judgement, necessary for the welfare and safety of the child.

\_\_\_\_\_ I understand that liability for the acts of the child under the care of Eakin Care Program is the parent's responsibility.

\_\_\_\_\_ I received a summary of licensing requirements.

\_\_\_\_\_ I visited the facility prior to registration.

# ECP SUMMER CAMP POLICIES

## Admission/Attendance

During the summer months, Eakin Care Program, Inc. (ECP) serves both Eakin Elementary students and the community at large. Children eligible to attend our summer camp program include rising 1<sup>st</sup> graders through rising 6<sup>th</sup> graders; children must have completed kindergarten. Eligible children may enroll week by week for limited available space on a first-come first-serve basis.

ECP reserves the right to request the withdrawal of a child if one or more of the following conditions exist: (1) the child is not participating in or benefiting from the program, (2) there are no reasonable accommodations this agency can make to provide adequate or safe care for this child, (3) there are no reasonable accommodations this agency can make to provide adequate or safe care to other enrolled children due to the care or behavior of this child.

## What to Bring

Children must arrive with a well-balanced lunch from home, including any utensils needed, and a cold pack to keep it cool. Children should also bring a hat, swimsuit, and towel every day for water play. Play clothes and sneakers are best for summer activities. They also need to bring a water bottle.

## Sunscreen

Per DHS regulations, ECP staff are not allowed to apply sunscreen on children. Please apply sunscreen at home.

## Photographs

I give my permission for my child's photograph or video to be taken for use by ECP in program flyers, website, social media sites, and other promotional materials.

## Payment

ECP closes at 6:00 pm and a late pick-up fee of \$1 per minute will be charged after 6:00 pm. After 5 instances of late non-emergency pick-ups, you will be charged a new rate of \$10 for each minute late.

Fees are due and payable for each week your child is enrolled regardless of your child's attendance.

Weekly payments are due in advance on or before Monday at 6:00 pm of each week and a late fee of \$25 will be assessed after 6:00 pm. The new total must be paid before your child may attend.

A returned check fee of \$35 will be charged for each occurrence.

Camp fees are non-refundable. Credits for changes when dropping weeks may be issued before May 1, 2025.

Written notice must be received by April 30, 2025. No credits will be given beginning May 1, 2025.

**I have read, understand, and agree to the terms, declarations, and policies of this registration form.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE DROP OFF REGISTRATION FORM WITH PAYMENT AT EAKIN CARE PROGRAM, 2500 FAIRFAX AVE, NASHVILLE, TN, 37212 OR EMAIL US AT EAKINCAREPROGRAM@GMAIL.COM.