



2026 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: _____

Child's Name (3): _____ Date of Birth: _____ Grade Entering: _____

(1)School: _____ Phone: _____ Address: _____

(2)School: _____ Phone: _____ Address: _____

(3)School: _____ Phone: _____ Address: _____

**Parents - If you are a full-time student, please write in your school address, phone number, and hours in the "work" fields.*

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 Address: _____

Employer/School Name & Address: _____

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:

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 #: _____

Please list any allergies or medications that should be considered:

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. **All rates are per child.**

Child #1	Child #2	Child #3	Dates	Theme	Weekly Rate	Total Due
			Week 1: June 29-July 2 (closed July 3)	Forest Friends	\$200	
			Week 2: July 6-10	Wonderful Weather	\$250	
			Week 3: July 13-17	Lands Unknown	\$250	
			Week 4: July 20-24	Fashionable Fun	\$250	
			Week 5: July 27-31	Game On!	\$250	
			Week 6: August 3-6 (closed August 7)	Pajama Party	\$200	

Total Balance and Registration Fee

If your child is not enrolled in Eakin Care Program, there is also a \$70 registration fee per child due with this form. The registration fee is non-refundable and good for one year.

To be paid with this form:

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

We accept payment through ProCare - ACH only. If you have any questions about your balance, please contact us at eakincareprogram@gmail.com.

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.

	Yes	No	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:

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 kindergarteners through rising 6th graders (aged 5-11 only). 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, a cold pack to keep it cool, and a water bottle! Children should also bring a hat, swimsuit, towel, and water shoes every day for water play. **Play clothes and sneakers are best for summer activities.**

Sunscreen

Please apply sunscreen at home or send children with a sunscreen spray, no sun creams.

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 & Late Fees

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.

Camp fees are non-refundable. Credits for changes when dropping weeks may be issued before April 30, 2026.

Written notice must be received by April 29, 2026. No credits will be given beginning April 30, 2026.

I have read, I understand, and I 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.