

LIGHTS! CAMERA! ACTION! READ! WRITE!

TSU SUMMER CAMP



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Contact jeparham@tnstate.edu or (615) 963-1538
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Name of child (print) _____ Age _____
First Name Last Name M.I.

Gender: Boy _____ Girl _____ To what grade has your child been promoted? _____

Parent/Guardian _____ Occupation _____

Address _____

City _____ State _____ Zip code _____

Phone: cell # _____ work # _____ Home # _____

Who will pick up your child from camp each day? _____

What school does your child attend? _____

Does your child like school? Yes _____ No _____ Sometimes _____

What is/are your child's favorite school subject(s)? _____

Does your child read at grade level? Yes _____ No _____

Use the scale below. On a scale of 1 to 10, how much does your child like to read? Circle your response.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Does not like to read Likes to read occasionally Loves to read

What is the title of one of your child's favorite books? _____

Do you ever read books with your child? Yes _____ No _____ Does your child read a lot? Yes _____ No _____

Does your child have a library card from the Nashville Public Library? Yes _____ No _____

Use the scale below. On a scale of 1 to 10, how much does your child like to write? Circle your response.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Does not like to write Likes to write occasionally Loves to write

Medical Information (if applicable)

List any physical conditions that may affect or limit full participation in activities.

List any allergies your child has (food, medicine, plant, insect, other). _____

Emergency Information

In case of emergency call: _____ Relationship _____

Phone: cell # _____ work # _____ Home # _____

Family Physician _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____

Is there any information the coordinator and teachers need to know about your child that has not been addressed in the application? If yes, explain.

I give permission for my child, _____, to have full participation
Name of child (print)

in the **LIGHTS! CAMERA! ACTION! READ! WRITE! TSU SUMMER CAMP** subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me or the secondary person I have listed on the emergency form. I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication.

Signature of parent/guardian

date

Payment

The \$150 tuition must be paid in full before the child can attend summer camp. The number of participants in this program is limited, so register as soon as possible.

____ cash ____ check made payable to: **TSU Foundation/LL&P Camp**

____ credit card ____ debit card ____ Visa ____ MasterCard

Credit card #

exp. Date

Name on card

Submission

Completed application, two reference letters, and payment should be mailed in a single packet to:

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