LIGHTS! CAMERA! ACTION! READ! WRITE!
TSU SUMMER CAMP

Professor Jewell Parham
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3500 John A. Merritt Blvd.
Nashville, Tennessee 37209-1561
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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.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________

I give permission for my child, ________________________, to have full participation 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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