



SUMMER CLUBHOUSE APPLICATION 2018

CHILD'S NAME _____

BIRTHDATE _____ AGE _____ MALE _____ FEMALE _____

PARENT 1 NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

PARENT 2 NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

PROGRAM INFORMATION

Summer Clubhouse dates June 4- August 11

Grade Completed:

____ Kindergarten

____ 1st

____ 2nd

____ 3rd

____ 4th

____ 5th

If possible, we will try to place your child with their friends, please list friend preferences below:

Priority Status:

____ Returning Clubhouse

____ NBCC Staff

____ Sibling in Clubhouse

____ Sibling in Full Time Program

____ Before/After School Program

____ NBCC Alumni

____ NBUMC Member

FOR OFFICE USE ONLY

Date Application received _____ Application received by _____



48 E. N. Broadway Columbus, Oh 43214
p (614) 262-6222 f (614) 268-2115