



Wayman Community Development Corporation

Wayman Community Development Corporation
1176 Labelle Street Jacksonville | FL | 32254
Camp Contact: (904) 693-1503 | Fax: (904) 693-1127



Summer Camp Application

Application Date & Time: \_\_\_\_\_

CHILDS PERSONAL DEMOGRAPHIC / INFORMATION:

Child's Name (First, MI, Last): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Student ID: \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Gender (M-Male; F-Female): \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_

Sibling's Name (First, Last): \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling's Name (First, Last): \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling's Name (First, Last): \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Child lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparent(s) \_\_\_ Other

Parent/Guardian Name (First, MI, Last): \_\_\_\_\_ Occupation: \_\_\_\_\_

Household Income: \_\_\_\_\_ Number in Household: \_\_\_\_\_ Marital Status: (S, M, D) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CHILD'S SCHOOL INFORMATION:

Last school attended: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Lunch program participant? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child currently have health insurance? \_\_\_ YES \_\_\_ NO



\_\_\_ YES, I would like someone from the Jacksonville Children's Commission/Cover Jacksonville or one of their Florida KidCare enrollment partners to contact me regarding low or no-cost insurance coverage from Florida KidCare for children under 19.

\_\_\_ NO, I do not want to be contacted about Florida KidCare coverage information.

Please fax a copy of all "YES" responses along with a copy of the summer camp application and parent contact information to: (904) 630-3742



**SUMMER CAMP**  
**with Wayman Community Development Corporation**  
**EMERGENCY CONTACT INFORMATION FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

\*Parents/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Numbers \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
HOME CELL WORK

\*Parents/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Numbers \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
HOME CELL WORK

**Persons Authorized to Pick Up Students MUST BE 18 YEARS OF AGE!**  
**Picture I.D. REQUIRED! NO EXCEPTIONS!**

Name	Contact Number	Relationship
1 <sup>st</sup> Contact	_____	_____
2 <sup>nd</sup> Contact	_____	_____
3 <sup>rd</sup> Contact	_____	_____
4 <sup>th</sup> Contact	_____	_____
5 <sup>th</sup> Contact	_____	_____

**Note to Parent(s)/Guardian(s): PLEASE NOTIFY US WHEN THERE IS A CHANGE IN PHONE NUMBERS OR IF YOU CAN NO LONGER BE REACHED AT THE NUMBER(S) LISTED.**

*Summer Camp program administered by Wayman Community Development Corporation, funded in part by The Jacksonville Journey and partnered with Duval County Public Schools:*

