



## Unplug, explore, and grow!

Welcome to the North Fairmount Adventure Summer Camp. We're thrilled to invite your child(ren) to join us for a summer of fun, learning, and exploration designed to create lasting memories. So, get ready for a summer packed with adventure, creativity, and new friendships. Secure your child's spot now!

Your child must be between the ages of 5 and 14 and have completed kindergarten. Our passionate and experienced counselors provide a safe, positive, and engaging environment. Packed with engaging activities and social-emotional learning, this program offers a fun and enriching experience – completely free of charge! However, there is a \$50 registration fee per family. (Scholarships Available) There is a limit of fifty students, so students will be enrolled on a first-come, first-served basis.

### PROGRAM DETAILS

**Program Dates:** June 1<sup>st</sup> – August 7<sup>th</sup>, 2026

**Location:** Carll Street Family Center at 1769 Carll Street, Cincinnati, Ohio 45225

**Time:** 9:30 AM – 3:30 PM Monday-Friday

### Offerings:

- Breakfast/Lunch/Snack
- Health/Wellness
- Social-Emotional Skill Building.
- Life Skills
- Public Adventures (weekly Friday field trips)
- Academic Enrichment

### TO ENROLL YOUR CHILD/STUDENT:

1. Parent or Guardian will need to fill out the registration form completely (including zip code).
2. If contact information changes for you and your family, NFCC **must** be informed as soon as possible.

If you have any questions regarding the registration process, please contact Denise Hill, Program Director at 513-921-5889 and/or [denise.hill@nfcommunitycenter.org](mailto:denise.hill@nfcommunitycenter.org)

- Please fill out one form for EACH child attending NFCC After School Program
- Please give this form to Denise Hill
- Children will not be admitted without a completed registration form.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Shelter/program assisting your family: \_\_\_\_\_

Address (street, city, zip code): \_\_\_\_\_

School Attended: \_\_\_\_\_ Does your child have an IEP? Y\_\_\_\_/N\_\_\_\_ Grade: \_\_\_\_\_  
 May we request the IEP? Y\_\_\_\_/N\_\_\_\_ T- Shirt Size \_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Relationship: Alternate Phone Number: \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Emergency Contact (optional): Second Emergency

Alternate Phone Number: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Please respond to the following:**

I give permission to NFCC and its partners, as well as media companies working with NFCC, for my child's photograph, video image, or voice recording and for any artwork, writing, or other material created by my child to be used, published, or broadcast in any medium, including but not limited to news coverage, media events, promotional materials, and/or websites, with or without identification.

Please Initial one: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Medical Information**

Physician Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Do you have medical coverage? (Please check one)  Yes  No

1. Please list any facts concerning the child's medical history, including allergies, medications being taken, medical issues currently being treated, physical impairments, or recent surgeries to which a physician should be alerted:

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2. Please list any behavioral challenges or mental health treatment for your child?

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NFCC provides breakfast, lunch, and snacks. Please specify any food allergies or dietary restrictions your child may have:

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

