



**N. I. C. K. Services**  
New Image Camps for Kids

# 2026 Child Sponsorship Application

Date \_\_\_\_\_

Child's First & Last Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Childs Age \_\_\_\_\_ Childs Shirt Size \_\_\_\_\_

- I live in Lebanon County
- Other

Parent / Guardian's First Name & Last Name \_\_\_\_\_

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

Parent / Guardian's email \_\_\_\_\_

Parent / Guardian's Cell Phone Number \_\_\_\_\_

Your relationship to the child \_\_\_\_\_

Program Interest - Circle **Piano Lessons** **Dance** **Gymnastics** **Martial Arts** **Boxing**

Reason for Sponsorship \_\_\_\_\_

How will the Sponsorship benefit this child? \_\_\_\_\_

I understand that each activity has a limited resource and submitting my application(s) does not guarantee any or all my children will be approved for funding.

**Yes** **No** Initials \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

How many people live in your household Adults \_\_\_\_\_ Children \_\_\_\_\_

Primary Language \_\_\_\_\_ Household Income \_\_\_\_\_

Does your child have allergies **yes / no** If yes, please note \_\_\_\_\_

Does your child have any health conditions we should know about (PLEASE LIST HERE) \_\_\_\_\_

Person or agency who referred the child? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Email completed form to [info@nickservices.org](mailto:info@nickservices.org)