

I AM WE | PEACEMAKERS SUMMER CAMP | DREAM BIG AND **INSPIRE.**

SUMMER CAMP APPLICATION

JUNE 20, 2017 TO JULY 28, 2017.

M - F | 8am - 5pm | Location: Martin Temple A.M.E. Zion Church | 6930 South Cottage Grove Avenue



PEACE MAKERS SUMMER CAMP | CREATIVE ARTS AND SCIENCE

“EMPOWERING YOUTH THROUGH STEAM BASED ART PROGRAMMING.”

- APPLICATIONS ARE OPEN ON MAY 1, 2017.
- APPLICATION FEE IS \$100.00 (NON-REFUNDABLE).
- THE APPLICATION PROCESS CLOSSES ON MAY 20, 2017 DUE TO LIMITED SPACING.
- MANDATORY FAMILY ORIENTATION WILL BE ON MAY 24, 2017.



W| www.iamwecommunity.org TI 312. 291. 1273

WHAT YOU NEED TO KNOW:

Summer Camp Dates: Tuesday, June 20, 2017 through Friday, July 28, 2017
(6 Weeks); Monday - Friday; 8:00 am - 5:00 pm.

Ages: Boys and Girls entering Third through 8th Grade.

Registration Fee: (non-refundable) - \$100 per child.

Camp Cost: \$1050.00. Price includes Field Trips, In-house Experiences, Crafts, Meals, Snacks, Activities & a Camp T-shirt. **There are no daily rates or credit for days missed.** Payments are due by May 20, 2017. This will hold your campers seat. No child will be admitted without payment.

I have read and understand the financial obligations listed above and agree to meet them according to the terms listed.

Parents signature

Date

FAMILY INFORMATION

Child's Name: _____ Grade Entering: _____

Age: _____ Birth Date: _____

Gender: _____ Primary Phone Number: _____

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ **Mother's Email:** _____

Mother's Work Phone: _____ **Mother's Cell Phone:** _____

Emergency Contact: _____ Yes _____ No **Authorized Pickup:** _____ Yes _____ No

Father's Name: _____ **Father's Email:** _____

Father's Work Phone: _____ **Father's Cell Phone:** _____

Emergency Contact: _____ Yes _____ No **Authorized Pickup:** _____ Yes _____ No

CHILD'S SHIRT SIZE

YS (6-8)_____ YM (10-12)_____ YL (14-16)_____ Adult S:_____ Adult M:_____ Full

MEDICAL INFORMATION

Chronic Illness (asthma, diabetes etc...)

Prescription Medicine _____

Allergies _____

Dietary Restrictions (Must be accompanied by a note) _____

Please attach a recent copy of your child's immunization records. (Children's immunization records must be current).

EMERGENCY PICK UP AND AUTHORIZATION (Persons authorized to pick up and to be contacted in an emergency if I/we cannot be reached. (Any extra contacts can be attached on a separate piece of paper.)

1. Name _____ Relationship to child _____
Home Phone _____ Emergency: ___ Yes ___ No
Pickup: ___ Yes ___ No. Work Phone _____ Cell
Phone _____

2. Name _____ Relationship to child _____
Home Phone _____ Emergency: ___ Yes ___ No
Pickup: ___ Yes ___ No. Work Phone _____ Cell
Phone _____

3. Name _____ Relationship to child _____
Home Phone _____ Emergency: ___ Yes ___ No
Pickup: ___ Yes ___ No. Work Phone _____ Cell
Phone _____

Photo Release:

Picture Authorization

I/We hereby authorize I Am We to publish photographs of my child taken during summer camp activities in the local newspaper, summer camp or I Am We website,

Parents Signature: _____ Date: _____.