

2011 Milwaukee Friends Children's Peacemakers' Day Camp

Application for Camp

Child's Last Name First Name M.I.

Nickname or Preferred Name _____

Date of birth _____ Age right now _____ Grade in fall _____

Home address

City State Zip Code

Lives with:

____ Both parents ____ Mother ____ Father
____ Joint custody ____ Other _____

Mother's Name _____

home _____ cell _____ work _____
Mother's Phone Numbers

Father's Name _____

home _____ cell _____ work _____
Father's Phone Numbers

Guardian's Name _____

home _____ cell _____ work _____
Guardian's Phone Numbers

Emergency Contact's Name _____

home _____ cell _____ work _____
Emergency Contact's Phone Numbers

Relationship to Child _____

Ethnic background (optional): We try our best to provide a balanced camp experience.

You may fill this portion out, or skip it, as you please.

- Asian
- Black/African American
- Hispanic/Latino(a)
- Native American (American Indian)
- White (Caucasian)
- Mixed race
- Other _____

Ethnic or Religious Background _____

Have you been a camper at Peacemakers' Day Camp before?

yes no

Will you need a ride to get to camp?

yes no

I allow any video or pictures taken of my child at camp to be used in Peacemakers' Day Camp publications.

yes no

Signature of Parent or Guardian

Date

Please return application and medical form to:
Chelsea Domer, 2147 W Daphne Rd., Glendale, WI 53209 by Friday, July 1st, 2011.