



PEACE CAMP 2017 TAKING CARE OF OUR COMMON HOME

presented by
Interfaith Center for Peace and Justice
(icpj-gettysburg.org)

Congratulations!

Your family is registered for Peace Camp 2017. We have reached our capacity of 50 Peace Campers and have even started a waiting list.

We have a fantastic week of activities planned for June 5 to June 9 from 9 AM to 3 PM each day. The location is St. John's Lutheran Church, which is located at 665 St. John's Road, Littlestown. If you have requested transportation, someone will be contacting you to finalize logistics by May 22.

Please read the following directions carefully.

1. Remember to bring a lunch and water bottle (with child's name clearly marked on each) to camp every day.
2. We will have a snack each day. Please e-mail Camp Director, Tania Reyes (taniareyesfonte@gmail.com), as soon as possible if your child has food allergies.
3. Wear old clothes. We'll be playing outside, gardening, and making messy crafts along with other fun adventures.
4. We recommend that you apply suntan lotion on your child before camp each day.
5. Children may bring cell phones but may use them during the camp day only with the permission from the Director or other adult counselor. Cell phones must be kept in the child's camp box (a cardboard box provided by ICPJ but feel free to bring your own along) where children will keep their things for the week. ICPJ is not responsible for lost or stolen items. Please do not allow your child to bring electronics, toys, and other valuable to camp.

Please complete the items on the next page and return to strauss19@gmail.com or Peace Camp, c/o ICPJ, PO Box 3134, Gettysburg, PA 17325 **by May 22, 2017**. Donations of \$35 per family will still be accepted on the first day of camp. See you real soon.

Sincerely,
Interfaith Center for Peace and Justice

EMERGENCY INFORMATION

Please complete the items on the next page and return to straussl9@gmail.com or Peace Camp, c/o ICPJ, PO Box 3134, Gettysburg, PA 17325 **by May 22, 2017.**

Name(s) and Age(s) of Peace Camper(s):	
Allergies or Medications:	
Family Doctor:	Phone:
Medical Insurance Company:	
In Whose Name:	Plan/Policy #:
Emergency Contact #1 and Phone:	
Emergency Contact #2 and Phone:	

List those who have permission to pick up your child(ren) after camp each day:

Name(s): _____

Relation to your child(ren): _____

RELEASE

My child(ren) may participate in Peace Camp from June 5 to June 9, 2017. I permit the Interfaith Center for Peace and Justice (ICPJ) to use photos of camp activities that may include my child for the purpose of publicizing ICPJ programs. I release ICPJ, staff, and volunteers from liability for any injury or illness that my child may sustain during the summer day camp. In the event of an emergency, I authorize an adult leader to consent to any examination, diagnosis, treatment, or hospital care advised and supervised by a licensed physician, surgeon, or dentist, I expect to be contacted as soon as possible.

Signature of parent/guardian: _____

Printed name of parent/guardian: _____

Date: _____