



**TORONTO CHAPTER
KIDS APPLICATION FOR SUMMER PROGRAM**

Date of application ___/___/___ Faith of Applicant: C J M Gender: M F
dd mm yyyy Please circle appropriate initial

Applicant information

Given name: _____
"Known as" by family and friends: _____
Surname: _____
Personal email address(if any): _____
Personal cell phone(if any): _____
Birth date ___/___/___ Age on July 15th of program year ___
dd mm yyyy
Current grade in school: _____

Applicant's family information (circle Mother or Father as prime contact)

Mother
Name: _____
Address: _____

Telephone H: _____
O: _____
Cell: _____
E-Mail: _____

Father
Name: _____
Address: _____

Telephone H: _____
O: _____
Cell: _____
E-Mail: _____

Emergency contact in the event of not being able to reach applicants family

Relationship: _____
Name: _____
Home address: _____

Telephone – H: _____ O: _____ Cell: _____
Email: _____

What is the dietary custom in your home (e.g. regular, vegetarian, Halal, Kosher)?

Is the candidate required to follow the family dietary custom at camp?

Why do you want to go to the Kids4Peace program? (Must be written by applicant).

A Confidential Medical History will be forwarded to the applicant, which must be completed and signed by the parent or guardian.

Signature of parent or guardian

Signature of candidate

Please email your application to: wmcrossin@rogers.com, k4p.eunice@gmail.com, and drianclark@gmail.com

Office use only

Application received: __/__/____ Reviewed by: _____
 dd mm yyyy

Interview date: __/__/____ Interviewed by: _____
 dd mm yyyy

Medical rec'd: y / n; Clearance letter(s) rec'd: y / n

Acceptance letter sent: __/__/____
 dd mm yyyy