



# Minority Center for Participation and Empowerment Summer Camp Application

**Address: 2511 S 73<sup>rd</sup> St., Philadelphia, PA 19142**

**Office: (215) 921-6311, Toll Free: 1 (800) 538- 1599, Cell (267)235 2826**

**Email: [info@minoritycenterpe.com](mailto:info@minoritycenterpe.com)**

Are you ready for an unforgettable summer? The Minority Center is calling parents to register their kids and teens (ages 6-17) to join us for a season filled with excitement, discovery, and new friendships! Our summer camp offers a perfect blend of fun activities, educational programs, and outdoor adventures designed to create lasting memories and foster personal growth. This summer camp runs from June 16 to August 22, 2025, from 9 AM to 5:30 PM. **The fee is \$25 a week per child.** Breakfast, lunch, and snacks will be provided.

## Camper Information

1. Full Name:

• \_\_\_\_\_ Phone# \_\_\_\_\_  
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2. Date of Birth:

• Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

3. Current School enrolled in, \_\_\_\_\_ Grade: \_\_\_\_\_

4. Gender:  Male  Female

5. T-shirt Size:  Small  Medium  Large  Extra Large

6. Home Address:

• Street Address: \_\_\_\_\_  
• City: \_\_\_\_\_  
• State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

7. Parent/Guardian Name:

- First Name: \_\_\_\_\_
- Last Name: \_\_\_\_\_

8. Parent/Guardian Contact Information:

- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### **Emergency Contact Information**

1. Emergency Contact Name:

- First Name: \_\_\_\_\_
- Last Name: \_\_\_\_\_

2. Relationship to Camper:

- \_\_\_\_\_

3. Emergency Contact Phone Number:

- Primary: \_\_\_\_\_
- Secondary: \_\_\_\_\_

### **Health Information**

1. Does the camper have any allergies?

Yes  No

If yes, please list: \_\_\_\_\_

2. Does the camper have specific medical or dietary restrictions?

Yes  No If yes, please list:

\_\_\_\_\_

### **Signature**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_