



"Community Connections Summer Day Camp"



**Who:** Now accepting up to 24 students in grades K4 through 12<sup>th</sup> who are looking to play or currently play violin, viola or cello and learn different forms of theater throughout our week-long summer camp.

**What:** Greater Milwaukee El Sistema and Sunset Playhouse School for The Arts are partnering this summer to provide students with a week-long experience to learn new skills or improve on current skills in theater or playing the violin, viola or cello. Students range in experience levels from new to advance with different groups for each level.

**When:** July 31st - August 4<sup>th</sup> from 8:30am-4:30pm

**Where:** First United Methodist Church 121 Wisconsin Ave. Waukesha 53186  
Cutler Park 321 Wisconsin Ave. Waukesha 53186

**Cost:** Registration fee of \$200 per student with many scholarships available. Please ask what you will qualify for!

**Transportation** to and from camp and events will be the responsibility of the parents.

**Registration:** Please fill out the attached forms and return by July 10<sup>th</sup>, 2023 with registration fee to Sarena Lawrence.

Greater Milwaukee El Sistema  
P.O. Box 2271  
Waukesha, WI 53187-2271

**Information/Questions:** Please contact Sarena Lawrence

[gmelsistema@gmail.com](mailto:gmelsistema@gmail.com)

Phone: 262-271-1928



**Community Connections Summer Day Camp Registration Form:**

Student Information (Please PRINT clearly):

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Years playing: \_\_\_\_\_  
Home School: \_\_\_\_\_ Instrument: \_\_\_\_\_ Size: \_\_\_\_\_

Will you need an instrument to use? Y/N

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

In case of allergic reaction, I carry an E-Pen (Y/N)

Health Concerns: \_\_\_\_\_ Medication Needs \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact (Name/Phone): \_\_\_\_\_

Emergency Contact Relationship to Student \_\_\_\_\_

Parent Information:

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Parent cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_



I \_\_\_\_\_ give my child \_\_\_\_\_  
(Parent) (Child)

permission to participate in the El Sistema Summer Community Connections Day Camp and all special program performances. I accept full responsibility to provide transportation to and from all Programming and Special Concerts.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Payments can be made by cash or check to Greater Milwaukee El Sistema

Greater Milwaukee El Sistema  
P.O. Box 2271  
Waukesha, WI 53187-2271

### **Payment Information**

Please choose one of our convenient payment options

I agreed to pay the full amount of \$200 per child for the week-long summer program.

\_\_\_\_\_ I have enclosed \$200 in full with the registration paperwork.

\_\_\_\_\_ I choose to apply for scholarship funds. I agree to pay the remaining balance of whatever the scholarship funding does not cover.

\*\*Please provide an explaining why you are applying for assistance and Sarena will contact you to determine scholarship options.

\_\_\_\_\_ I would like to sponsor a child's full registration. Please find an additional \$200 donation enclosed.

\_\_\_\_\_ I would like to sponsor  $\frac{1}{2}$  of a child's registration. Please find an additional \$100 donation enclosed.



## Permission for Media Release

Pictures and videos are taken frequently throughout the year for GMES promotional material, media/press releases, fundraising campaign, Facebook Page and Website. Please indicate your permission to allow your student to be photographed / video for these purposes. This material is not sold or shared with outside sources. This information is used strictly to promote and develop GMES and to provide more opportunity for your student. Your cooperation is greatly appreciated, but please let us know if you would prefer that we do not include your student in this.

Students Name \_\_\_\_\_

I give my permission \_\_\_\_\_ I do not give my permission \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Name Printed \_\_\_\_\_