



Grace Institute Enrollment Form

# Grace Art Camp Spring Break 3-Day Camp

## *The Green Man ~ a Spring Tale*

March 27, 28 and 29, 2012 ~ 9:00 am to 3:00 pm

For students currently in Grades K through 6. Please use one form for EACH child. Note that \*d questions are required.

\*GENDER:  Boy  Girl \*CURRENT SCHOOL GRADE:  Kindergarten  1st Grade  2nd Gr  3rd Gr  4th Gr  5th Gr  6th Gr

### PAYMENT

\*Tuition (check only one box):

Full Tuition \$165

\*TOTAL AMOUNT INCLUDED \$ \_\_\_\_\_

\*PAYMENT METHOD

Check enclosed

Make checks payable to **Grace Institute**; please write child's full name on check. There is a \$30 charge for returned checks.

Charge my:  VISA or  MasterCard

Name on Card:

\_\_\_\_\_

Account number:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Security Code: \_\_\_\_\_ Expires: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Billing Address:

\_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

### HOW TO REGISTER

Complete this 2-page form – one per child.

Scan and EMAIL this form (with credit card information to [mariannk@grace-memorial.org](mailto:mariannk@grace-memorial.org).)

or You may FAX form to 503-249-0938 – please use black ink.

or Mail your completed form WITH your payment to  
SPRING BREAK CAMP, 1535 NE 17th Ave, Portland, OR 97232

Unfortunately, incomplete forms cannot be processed.

### FOR MORE INFORMATION

Questions, problems or special needs:

Mariann Koop-McMahon at [mariannk@grace-memorial.org](mailto:mariannk@grace-memorial.org)

or 503-287-0418 x102.

### APPLICATION INFORMATION (Please print clearly!)

\*CHILD'S FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

\*CHILD'S LAST NAME \_\_\_\_\_ PREFERRED NICKNAME (IF ANY) \_\_\_\_\_

\*BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE IN 2011-12: \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

\*CITY / STATE / ZIP \_\_\_\_\_

\*FAMILY E-MAIL ADDRESS 1 \_\_\_\_\_

\*HOME PHONE \_\_\_\_\_

If possible, please group my child with:

FRIEND REQUEST (ONE only, please. Must be in same grade; verify spelling.)

### PARENT/GUARDIAN ACCOUNT INFORMATION

\*PARENT or GUARDIAN FIRST NAME 1 \_\_\_\_\_

\*PARENT or GUARDIAN LAST NAME 1 \_\_\_\_\_

\*Relationship \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

\*CHILD LIVES WITH:  PARENT/GUARDIAN 1 or  
 PARENT/GUARDIAN 2  
 BOTH  OTHER \_\_\_\_\_

PARENT or GUARDIAN FIRST NAME 2 \_\_\_\_\_

PARENT or GUARDIAN LAST NAME 2 \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## PERSONS AUTHORIZED TO PICK-UP MY CHILD:

- \*Please Initial:** I authorize a designated "Pick-up Person" to pick up or deliver my child to Grace. I understand that if I, or the person named, is unable to pick up my child, I will provide written permission to authorize another adult to pick up my child.
- \*Please Initial: Camp begins each day at 9:00 am and ends each day at 3:00 pm.**

\*NAME 1 \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Day Phone \_\_\_\_\_ \* Cell Phone \_\_\_\_\_

NAME 3 \_\_\_\_\_

NAME 2 \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**IMPORTANT NOTE:** All campers must have an update, signed registration form – including this page – on file. Information previously provided is no longer valid, so we appreciate your help in providing current information.

## \*EMERGENCY INFORMATION & WAIVERS

If your child needs emergency medical care and you are unable to be reached to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, in the event of a medical emergency, please complete and sign the following information. This form will accompany your child to the hospital so that medical treatment can be rendered. **Please fill in section completely – for example, if none, please write "none".**

\*List chronic illnesses:

\*Describe any emotional, behavioral or mental issues that may pose a challenge for your child:

\*List allergies, note severity and treatment:

\*List current medications:

\*List any physical limitations:

Is there anything else you would like us to know about your child?

\*Primary Care Physician \_\_\_\_\_

\*Physician Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Member No. \_\_\_\_\_ Group No. \_\_\_\_\_

## \*EMERGENCY CONTACTS (in addition to parent/guardian)

\*Emergency Medical Contact 1 Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Medical Contact 2 Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## \*REQUIRED WAIVERS

### General Waiver

- \*Please Initial:** Should any injuries occur during or as a result of participation in any Grace Institute activity I agree to indemnify and hold harmless Grace Institute, Grace Memorial Episcopal Church, the Diocese of Oregon and all their employees and volunteers.

### Cancellation and Refund Policy

- \*Please Initial:** If you need to cancel, let us know as soon as possible. We cannot make refunds after *March 16* or for unattended days.

### Emergency Medical Authorization

- \*Please Initial:** As parent/guardian, I give Grace Institute permission to seek medical attention, including medical or surgical treatment, for my child in case of an accident or emergency. I agree to provide a reachable contact number, and I understand that every effort will be made by Grace Institute staff to contact myself and/or the emergency contact person in the event of an emergency. *Valid 3/ 27 through 3/29/2012 .*

### Illness

- \*Please Initial:** All campers should enjoy camp, so it is important to not send children if they are ill. If my child becomes ill, I understand that Grace Institute Staff will call the parent/guardian listed and then the designated emergency contact if I cannot be reached. Children who develop a fever, vomit or present other serious symptoms must go home.

### \*Photographs

- \*Please Initial:** I UNDERSTAND that my child may be photographed during Camp and that such photos may be used for purposes such as bulletin boards, newsletters, brochures, promotional materials, our website, or grant applications.
- \*Please Initial:** *By submitting this paper application, I hereby authorize Grace Art Camp staff to input all information into the Grace Institute database maintained through ActiveNetwork/Thrive for management, organizational and payment purposes as necessary.*

\*Signature, Parent/Guardian

Date