



Grace Institute Enrollment Form

BRIDGES to PEACE and UNDERSTANDING ART CAMP

December 29, 30 and 31, 2014 (Monday – Wednesday) ~ 9:30 am to 2:30 pm

For students currently in Grades 1 through 7. Please use one form for EACH child. Note that *d questions are required.

*GENDER: Boy Girl * CURRENT GRADE: Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6 Grade 7

PAYMENT

*Camp Tuition (check only one box):

- Full Tuition \$175
 Scholarship Application Fee \$ 30

Plus Additional:

- \$55 per Child for Extended Hours
 (2:30 – 6:00 pm, Monday through Wednesday)
 Scholarship Donation \$ _____

*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 – and return:

Scan and EMAIL this form (with credit card information) to mariannk@grace-institute.org.

You may FAX form to 503-249-0938 – please use black ink. (This is a secure FAX right into our office.)

Mail your completed form WITH your payment to GRACE BRIDGES TO PEACE CAMP, 1535 NE 17th Ave, Portland, OR 97232. (Please make checks payable to Grace Institute.)

Unfortunately, incomplete forms cannot be processed.

FOR MORE INFORMATION

Questions, problems or special needs: Mariann Koop-McMahon at mariannk@grace-institute.org or 503-331-8155 x102.

APPLICATION INFORMATION (Please print clearly!)

*CHILD'S FIRST NAME _____ MIDDLE INITIAL _____

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

*BIRTH DATE ____/____/____ GRADE IN 2014-15: _____

*ADDRESS _____

*CITY / STATE / ZIP _____

*FAMILY E-MAIL ADDRESS 1 _____

*HOME PHONE _____

If possible, please group my child with:

FRIEND REQUEST (ONE only. MUST be in the 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 "Pick-up Person" designated below to pick up or deliver my child to Camp. 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: Bridges begins each day at 9:30 am and ends each day at 2:30 pm.**

*NAME 1 _____

*Day Phone _____ * Cell Phone _____

NAME 2 _____

Day Phone _____ Cell Phone _____

NAME 3 _____

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 as this form would accompany your child to the hospital so that medical treatment can be rendered. **Please fill in sections completely – for example, if none, please write "none".**

*List chronic illnesses:

*List allergies, note severity and treatment:

*List any physical limitations:

*Primary Care Physician _____

Health Insurance Co. _____ Member No. _____ Group No. _____

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

*List current medications:

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

*Physician Phone _____

*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 December 1 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 12/29 through 12/31/2014.**

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.

Behavior –

- *Please Initial:** I understand that if my child engages in seriously disruptive behavior, Grace Institute Staff will call the parent/guardian listed and, if unreachable, then the designated emergency contact. Any child who kicks, scratches, bites, hits, bullies, or uses abusive or profane language will be removed from camp activities for a time out and may be sent home. Return to camp will be contingent upon a conference with parents and child.

*Photographs

- *Please Initial:** I understand that my child may be photographed during Bridges 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 _____