



Winter Peace Camp

Grace Art Camp's 3-day Peace Camp

December 18, 19 and 20, 2017

Monday, Tuesday, Wednesday ~ 9:00 am to 2:30 pm

Registration Form

For students currently in Grades 1 through 7. Please use one form for each child. Registration form must be completed in full.

Camp Tuition (check only one box):

- Full Tuition \$ 210
 Scholarship Fee for Scholarship App \$ 30

Plus Additional:

- 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 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 – please complete one per child.

Unfortunately, incomplete forms cannot be processed.

- a) Scan and e-mail completed form (with credit card information) to: mariannk@grace-institute.org.
(You may FAX form to 503-249-0938 using black ink).

- b) Mail your completed form with your payment (make checks payable to Grace Institute) to:

Grace Institute Peace Camp
1535 NE 17th Ave, Portland, OR 97232.

For more information, questions, or special considerations, please contact Mariann Koop-McMahon at mariannk@grace-institute.org, camp registrar or call 503-331-8155.

CAMPER INFORMATION (Please print clearly)

CHILD'S FIRST NAME _____ MIDDLE INITIAL _____

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

GENDER: _____ Girl _____ Boy _____ Other

PREFERRED GENDER PRONOUNS:

- she/hers/her he/his/him
 they/theirs/theirs other (please specify)

BIRTH DATE ____/____/____ GRADE IN 2017-18 _____

If possible, please group my child with: _____
(One friend request per camper; must be in same grade. Include full name)

CHILD'S HOME ADDRESS _____

CITY / STATE / ZIP _____

FAMILY E-MAIL ADDRESS 1 _____

HOME PHONE (Primary Phone) _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN FIRST NAME 1 _____ LAST NAME 1 _____

Relationship _____

Primary Phone _____ Mobile _____ Work Phone _____

CHILD LIVES WITH: PARENT/GUARDIAN 1
 PARENT/GUARDIAN 2
 BOTH OTHER _____

PARENT/GUARDIAN FIRST NAME 2 _____ LAST NAME 2 _____

Relationship _____

Primary Phone _____ Mobile _____ Work Phone _____

PERSONS AUTHORIZED TO PICK UP MY CHILD

All campers must have an updated, signed registration form-including this page, on file. Information previously provided is no longer valid.

- I authorize a designated "Pick-up Person" to deliver and/or pick up my child from 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:** _____
- Peace Camp begins each day at 9:00 am and ends each day at 2:30 pm. **Please Initial:** _____

NAME 1 _____ DAY PHONE _____ MOBILE _____

NAME 2 _____ DAY PHONE _____ MOBILE _____

NAME 3 _____ DAY PHONE _____ MOBILE _____

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 for medical treatment to be rendered. Please fill in completely –if none, write "NONE".

List chronic illnesses, allergies, or physical limitations:

Please note severity:

List current medications:

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

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

Primary Care Physician _____ Phone _____

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

EMERGENCY CONTACTS (in addition to parent/guardian)

Emergency Medical Contact 1 _____ Day Phone _____ Mobile _____

Emergency Medical Contact 2 _____ Day Phone _____ Mobile _____

REQUIRED GRACE INSTITUTE WAIVERS

General Waiver: 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. **Please Initial** _____

Cancellation and Refund Policy: If you need to cancel, let us know as soon as possible. We cannot make refunds after December 1 or for unattended days. **Please Initial** _____

Emergency Medical Authorization: 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 me or the emergency contact in the event of an emergency. Valid 12/18 through 12/20/17 **Please Initial** _____

Illness: 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. **Please Initial** _____

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

Photographs: 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