



# The Blossom Tree

## Grace Art Camp's 3-day Spring Break Camp

March 25, 26 and 27, 2019  
Monday, Tuesday, Wednesday ~ 9:00 am to 3:00 pm

### Registration Form

For students currently in Grades Kindergarten through 6. Please use one form for each child. Registration form must be completed in full.

**Camp Tuition (check only one box):**

- Full Tuition \$ 220
- Scholarship Fee for Scholarship App \$ 30

**Plus Additional:**

- Extended Hours \$ 60  
(3:00 – 6:00 pm, Mon through Wed per child)
- 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) Email completed form (with credit card information) to: [mariannk@grace-institute.org](mailto: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 Spring Break 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](mailto: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 2018-19 \_\_\_\_\_

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

**RACIAL IDENTITY:** Please help with our equity work. Anonymous. Mark one:  
 Hispanic/Latino  White, not of Hispanic origin  White, of Hispanic origin  
 Asian  Middle Eastern or North African  American Indian & Alaskan Native  
 Native Hawaiian or Other Pacific Islander  Black or African American  
 Multi-racial  I choose not to participate

CHILD'S HOME ADDRESS \_\_\_\_\_

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

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

FAMILY E-MAIL ADDRESS 2 \_\_\_\_\_

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:** \_\_\_\_\_
- Spring Break Camp begins each day at 9:00 am and ends each day at 3:00 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:**

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 February 25** 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 3/25 through 3/27/2019 **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 for management, organizational and payment purposes as necessary.**

Signature, Parent/Guardian

Date