



Grace Art Camp Summer 2023 Registration Form

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Grace Art Camp is for students ages 4-12 (current Grades PK-6). Note that * questions are required.

*SESSION LIST CHOICE

Each child may register for only ONE session. Camp hours are 9:00 am to 3:00 pm. Extended Hours are from 3:00 pm to 6:00 pm. Due to the high number of applicants, we cannot guarantee any specific week, but we will try our very best! Please rank sessions in order of preference (1st, 2nd, etc.). For story descriptions, see www.grace-institute.org.

- _____ **Week 1: June 19–23** – Tales of Sviti and Durga
- _____ **Week 2: June 26–30** – *Bashmashur the Ash Demon; The Waterbearer*
- _____ **July Mini Camp: July 5–7 (W-F)** – *Munna and the Grain of Rice*
- _____ **Week 3: July 10–14** – The Tale of *Prince Sabar*
- _____ **Week 4: July 17–21** – Epic Tales from the *Mahabharata* and the *Puranas*
- _____ **Week 5: July 24–28** – *The Stonecutter; The Dove’s Egg and the Drum*
- _____ **Week 6: July 31–August 4** – *Anklet for a Princess*
- _____ **Week 7: August 7–11** – *Prince Sabar and the Sutan’s Seventh Daughter*
- _____ **August Mini Camp: August 14–16 (M-W)** – *Savitri’s Mantra*

* **CURRENT SCHOOL GRADE as of 2022-2023:** (NOT fall 2023)

- Pre-K Kindergarten 1st Grade 2nd Grade
- 3rd Grade 4th Grade 5th Grade 6th Grade

CAMPER BIRTHDATE: ____/____/____

HOW TO REGISTER:

Complete one form per child.

We will make every attempt to accommodate all registrations until weekly sessions are full. Incomplete forms cannot be processed.

SAVE this PDF with a new file name, including the camper’s last name. Then email to ashleyk@grace-institute.org.

Payment can be processed online after your registration has been completed.

MAIL-IN REGISTRATION is available for those who do not have computer access.

Mail your completed form WITH your payment to GRACE ART CAMP

**1535 NE 17th Ave
Portland, OR 97232**

or leave in Ashley Klump’s mailbox at Grace Memorial’s main office.

*SESSION OPTIONS

Camp Tuition (check only one box):

- Full Tuition (5-day camps) \$ 390
- Mini Camp Tuition (3-day camps) \$ 235
- Scholarship App \$ 30

Additional:

- Extended Hours (5-day camps) \$ 110
(3:00 – 6:00pm daily, or \$12 hourly)
- Extended Hours (3-day camps) \$ 70
(3:00 – 6:00pm daily, or \$12 hourly)
- Scholarship Donation \$ _____

TOTAL AMOUNT \$ _____

*CAMPER REGISTRATION

CHILD’S FIRST NAME _____ MIDDLE INITIAL _____

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

GENDER: Female Male Non-Binary Other _____

PREFERRED GENDER PRONOUNS:

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

CHILD’S HOME ADDRESS _____

CITY / STATE / ZIP _____

FAMILY E-MAIL ADDRESS _____

PRIMARY CONTACT PHONE: _____

Please check all that apply:

- New Camper Child of Grace Art Camp Staff
- Returning Camper Sibling of Registered Camper

FRIEND REQUEST

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

CAMPER T-SHIRT SIZE:

- Youth S Youth M Youth L Youth XL Adult S Adult M

RACIAL IDENTITY: Please help with our equity work. Anonymous. Mark one.

- American Indian & Alaskan Native Asian Black or African American
- Hispanic/Latino Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander White, not of Hispanic origin
- White, of Hispanic origin Multi-racial I choose not to participate

FOR MORE INFORMATION:

Camp questions, problems or special needs: Ashley Klump at ashleyk@grace-institute.org or 503-331-8155 x102.

CAMPER'S FULL NAME & AGE: _____

*PERSONS AUTHORIZED TO PICK-UP MY CHILD

- *Camp begins each day at 9:00 am and ends each day at 3:00 pm. Children not picked up by 3:10 pm will be checked into the Extended Hours Program and charged \$12.00 per hour. **Please Initial** _____
- *I authorize a designated "Pick-up Person" (age 18 or older) to pick up or deliver my child to Grace Art 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** _____

*PICK-UP NAME 1: _____

PICK-UP NAME 3: _____

*DAY/CELL PHONE 1: _____

DAY/CELL PHONE 3: _____

PICK-UP NAME 2: _____

PICK-UP NAME 4: _____

DAY/CELL PHONE 2: _____

DAY/CELL PHONE 4: _____

IMPORTANT NOTE: All campers must have an updated, signed registration form – including all three pages – on file or in the electronic 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. Please fill in each section – for example, if none, please write "none". Incomplete forms cannot be processed.

*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:

*Primary Care Physician _____

*Physician Phone _____

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

*EMERGENCY CONTACTS (other than parent/guardian)

*Emergency Medical Contact 1 Relationship *Day/Cell Phone

Emergency Medical Contact 2 Relationship Day/Cell Phone

PARENT/GUARDIAN ACCOUNT INFORMATION

*PARENT or GUARDIAN FIRST NAME 1

PARENT or GUARDIAN FIRST NAME 2

*PARENT or GUARDIAN LAST NAME 1

PARENT or GUARDIAN LAST NAME 2

*Relationship *Birthdate (Required for Security)

Relationship Birthdate (Required for Security)

*Day/Cell Phone Other Phone

*Day/Cell Phone Other Phone

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

CAMPER'S FULL NAME & AGE: _____

***REQUIRED WAIVERS:**

General Waiver

- * Should any injuries or illness occur during or as a result of participation in a Grace Art Camp activity, parents/guardians 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 parents/guardians need to cancel their camp session/s, a full tuition refund, minus a \$30 administration fee, can be made if parents/guardians notify Grace Art Camp on or before **May 19, 2023**. We are sorry, we cannot make refunds after May 19, for individual days not attended, or for an officially ordered closure of any kind. In the unlikely case of an ordered closure, we can offer a full donation tax receipt, or we can transfer your tuition as a credit to Grace Art Camp 2024 with guaranteed placement. Thank you for your understanding. **Please Initial** _____

Emergency Medical Authorization

- * Parents/guardians give Grace Art Camp staff permission to seek medical attention, including medical or surgical treatment, for a child in case of an accident or emergency. **Parents/guardians agree to provide a reachable contact number** and understand that every effort will be made by Grace Art Camp staff to contact them and/or the emergency contact person in the event of an emergency. **This authorization is valid from June 19 through August 16, 2023. Please Initial** _____

Illness

- * All campers should enjoy camp, so it is very important to keep children home when ill. If a child becomes ill at Grace Art Camp, parents/guardians understand that Grace Art Camp Staff will call the parent/guardian listed and then the designated emergency contact if a parent cannot be reached. Children who develop a fever, throw up, or present other serious symptoms must go home. **Please Initial** _____

Behavior

- * If my child engages in seriously disruptive behavior, I understand that Grace Art Camp 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 sent home. Return to camp will be contingent upon a conference with parents and child. **Please Initial** _____

Photographs and Mailing List

- * Children and their art may be photographed during camp by Grace Art Camp photographers. Photos may be used for purposes such as the Grace Institute website, brochures, grant applications, or similar Grace Institute/Grace Art Camp promotional materials. (Please note that due to the nature of social media, we are not able to control images or videos taken by parents.) **Please Initial** _____
- * Camp Families are automatically added to our notification list for information about camp deadline notifications, and news about classes and programs. **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. **Please Initial** _____

*Signature, Parent/Guardian

Date

TO APPLY FOR A SCHOLARSHIP, fill out the scholarship application (available online) and submit with necessary documents along with this mail-in application, fully completing all pages. Full or partial camp scholarships are generally awarded to families who are at 1 to 3 times the federal poverty level or less. (For 2023 this amount is \$27,750 to \$83,250 per year for a family of four.) Applicants are asked to submit a \$30 registration fee per child.

***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 Credit Card

If you would like to pay by credit card, our Business Manager will contact you. Please fill in the contact information below.

Billing Contact Name: _____

Billing Contact Phone Number: _____

Billing Contact email: _____