



The Great thou Art 2017 Summer Camp

Registration Form

June 26 - June 30, 2017

The Great *thou* Art camp is for students ages 6 - 12 (current Grades 1st - 6th).
Please use one form for EACH child. Note that *'d questions are required.

*GENDER: Boy Girl

*SCHOOL GRADE as of JANUARY 2017 (NOT Fall 2017!):

1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade

Camp hours are 9:00 a.m. to 3:00 p.m.

PAYMENT INFORMATION

*Camp Tuition (check only one box):

Scholarship Fee \$ 30.00
 Full Tuition \$ 205.00

Plus Additional:

Scholarship Donation \$ _____

There are many children who do not have much hope of attending camp, but could attend with help from a scholarship fund. If you are able, please consider donating any amount. Thank you.

*TOTAL AMOUNT INCLUDED : \$ _____

*PAYMENT METHOD

Check enclosed \$ _____

Make checks payable to St. Aidan's

Please write child's full name on check.

Note: There is a \$30 charge for returned checks.

ADDITIONAL INFORMATION

How did you learn about **Great *thou* Art Camp?**

- Flyer
- Banner
- Church
- Friend
- Website
- Newspaper
- Other, please specify _____

APPLICATION INFORMATION (Please print clearly!)

 *CHILD'S FIRST NAME MIDDLE INITIAL

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

 *BIRTH DATE ____ / ____ / ____ *GRADE IN 2016-17 ____

 *ADDRESS

 *CITY / STATE / ZIP

 *FAMILY E-MAIL ADDRESS 1 / Please write clearly

 *FAMILY E-MAIL ADDRESS 2 / Please write clearly

 *HOME PHONE _____

Please write clearly

 *CELL PHONE _____

Please write clearly

If possible, please group my child with:

 FRIEND REQUEST (**One only**. Must be in the same grade; verify spelling.)

FOR MORE INFORMATION:

For Camp questions, problems or special needs contact:
 LindaCarol McKinlay at registrar.staidans@gmail.com or call at 503-252-6128

PARENT/GUARDIAN ACCOUNT INFORMATION (Please print clearly!)

*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

Relationship

*Primary Phone Cell or Other Phone

*Primary Phone Cell or Other Phone

Cell or Work Phone

Work Phone

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

PERSONS AUTHORIZED TO PICK UP MY CHILD:

_____ *Please Initial: I authorize a designated "Pick-up Person" to pick up or deliver my child to Great thou Art Camp. I understand that if I, or the person name, 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 a.m. and ends each day at 3:00 p.m. Children not picked up by 3:10 p.m. will be charged \$15.00 per 15 minutes late.

NAME 1 _____

Day Phone Cell or Work Phone

NAME 2: _____

Day Phone Cell or Work Phone

NAME 3: _____

Day Phone Cell or Work Phone

HOW TO REGISTER

Mail your completed form (**one per child**) WITH your payment to:
 St. Aidan's Episcopal Church
 The Great thou Art Camp
 P.O. Box 1319
 Gresham, OR 97030-0277



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 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:**

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** (other than 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 The Great thou Art Camp activity I agree to indemnify and hold harmless St. Aidan's 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. A full tuition refund, minus a \$30 administration fee, can be made if you notify the office by June 19, 2017.

Emergency Medical Authorization

*Please initial: As parent/guardian, I give The Great thou Art Camp 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 Great thou Art Camp staff to contact myself (me?) and/or the emergency contact person in the event of an emergency. **This authorization is valid from June 26 through June 30, 2017**

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 at The Great thou Art Camp, I understand The Great thou Art Camp staff will call the parent/guardian listed and then the designated emergency contact if I cannot be reached. Children who develop a fever, throw up, or present other serious symptoms must go home.

Behavior

*Please initial: I understand that The Great thou Art Camp staff will call the parent/guardian listed and, if unreachable, then the designated emergency contact if my child engages in seriously disruptive behavior. 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 for the day. Return to camp will be contingent upon a conference with parents/guardians and child.

***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 The Great thou Art Camp staff to input all information into the Camp database for management, organizational and payment purposes as necessary.**

Signature, Parent/Guardian _____ Date _____