



The Great thou Art 2018 Summer Camp Registration Form July 9 through July 13, 2018

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 2018 (NOT Fall 2018!):

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

Camp hours are 9:00 a.m. to 3:00 p.m.; however, *depending on the number of requests*,
extended hours may be offered from 8:00 a.m. to 9:00 a.m. and again from 3:00 p.m. to 6 p.m.

APPLICATION INFORMATION (Please print clearly!)

*CHILD'S FIRST NAME MIDDLE INITIAL *CHILD'S LAST NAME [_____]
PREFERRED NICKNAME (IF ANY)

*ADDRESS

*CITY / STATE / ZIP

BIRTH DATE ____ / ____ / ____ *GRADE IN 2018-19 _____

*SCHOOL NAME

*PARENT or GUARDIAN FIRST NAME 1

**PARENT or GUARDIAN FIRST NAME 2

*PARENT or GUARDIAN LAST (Family) NAME 1

**PARENT or GUARDIAN LAST (Family) NAME 2

*HOME PHONE _____
Please print clearly

*HOME PHONE _____
Please print clearly

*CELL PHONE _____
Please print clearly

*CELL PHONE _____
Please print clearly

*WORK PHONE _____
Please print clearly

*WORK PHONE _____
Please print clearly

* E-MAIL ADDRESS 1 / Please PRINT clearly

*E-MAIL ADDRESS 2 / Please PRINT clearly

FRIEND REQUEST (**One only**. Must be in the same grade; verify spelling) – If possible, please group my child with:

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

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

Language(s) spoken at home:

PAYMENT INFORMATION

ADDITIONAL INFORMATION

The Great thou Art Camp is a sponsored camp. We ask that the full amount of tuition be paid, if you are able. Fifty dollars (\$50) of the tuition paid will be applied to a scholarship fund for those students who otherwise might not be able to attend. You will receive a letter confirming your tax deductible fifty-dollar (\$50) donation, as well as any additional donation that you wish to make, for your generous sponsorship. Thank you.

- How did you learn about **The Great thou Art Camp**?
- Attended last year
 - Flyer
 - Banner
 - Church
 - Friend
 - Website
 - Newspaper
 - Other, please specify _____

Camp Fund Options (check all boxes that apply):

- Tuition \$ 210.00
[Fifty-dollars (\$50) is tax deductible]
- Additional scholarship donation \$ _____

TOTAL AMOUNT : \$ _____

PAYMENT METHOD

- Will bring cash to the office*
- Check/Money Order enclosed \$ _____

Make checks payable to St. Aidan's
Please write child's full name on the memo line.
Note: There is a \$30 charge for returned checks.
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**Scholarship Assistance Request**  
I would like to arrange for a scholarship to send my child(ren) to camp. I am willing to pay a camp processing fee of \$ \_\_\_\_\_ depending on my ability to pay. Please call me at: \_\_\_\_\_

**HOW TO REGISTER**

**Mail** your completed form (**one per child**) with your payment to:  
St. Aidan's Episcopal Church  
The Great thou Art Camp  
17405 NE Glisan Street  
Portland, OR 97230-6414  
OR  
\*Call 503-252-6128 to schedule an appointment to deliver in person.

**PERSONS AUTHORIZED TO PICK UP MY CHILD or CHANGE IN SCHEDULE:**

\_\_\_\_\_ **\*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:** If I need to pick up my child early I will notify the Security Counselor and my child's counselor upon check-in.

\_\_\_\_\_ **\*Please Initial:** If I need to bring in my child late I will notify the Security Counselor and my child's counselor as I check-out the afternoon before or, in an emergency, call the church office at 503-252-6128.

NAME 1 \_\_\_\_\_  
Print clearly Day Phone

\_\_\_\_\_  
Cell or Work Phone

NAME 2 \_\_\_\_\_  
Print clearly Day Phone

\_\_\_\_\_  
Cell or Work Phone

NAME 3 \_\_\_\_\_  
Print clearly Day Phone

\_\_\_\_\_  
Cell or Work Phone

Camp begins each day at 9:00 a.m. (doors open at 8:45 a.m.) and ends each day at 3:00 p.m. (doors open at 2:45 p.m.)  
Depending on the number of requests, extended hours may be offered.

If your child requires an extended session (either 8 a.m. to 9 a.m. or 3 p.m. to 6 p.m.), please initial below.

\_\_\_\_\_ **\*Please Initial:** Camp begins each day at 9:00 a.m. and goes until 3:00 p.m., unless

\_\_\_\_\_ **\*Please Initial:** I need to drop off my child early (between 8:00 and 9:00 a.m.) and/or

\_\_\_\_\_ **\*Please Initial:** I need to pick up my child later in the day (between 2 p.m. and \_\_\_\_\_ p.m. (not later than 6 p.m.)

**Cancellation and Refund Policy**

\_\_\_\_\_ **\*Please Initial:** If you need to cancel, let us know as soon as possible, so that another child may come to camp. A full tuition refund, minus a \$30 administration fee, can be made if you notify the office by June 25, 2018.

## 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 Best phone number to use (H/ome or C/ell)

\_\_\_\_\_  
\*Emergency Medical Contact 2 Best phone number to use (H/ome or C/ell)

**\*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.

### 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 July 9 through July 13, 2018***

### 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 \_\_\_\_\_