



# Summer Fun & Educational Enrichment

July 5-July 29, 2022  
8:30 am - 4:00 pm  
Cost: \$500

## Grace Presbyterian Church

2604 Banister Road Baltimore, MD 21215 410-466-4000

Registration fee must accompany the registration form

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Children's Names:

Child 1: \_\_\_\_\_ Birthday \_\_\_\_\_ age \_\_\_\_\_ Current grade \_\_\_\_\_

Child 2: \_\_\_\_\_ Birthday \_\_\_\_\_ age \_\_\_\_\_ Current grade \_\_\_\_\_

Child 3: \_\_\_\_\_ Birthday \_\_\_\_\_ age \_\_\_\_\_ Current grade \_\_\_\_\_

Child 4: \_\_\_\_\_ Birthday \_\_\_\_\_ age \_\_\_\_\_ Current grade \_\_\_\_\_

Child 5: \_\_\_\_\_ Birthday \_\_\_\_\_ age \_\_\_\_\_ Current grade \_\_\_\_\_

Child 6: \_\_\_\_\_ Birthday \_\_\_\_\_ age \_\_\_\_\_ Current grade \_\_\_\_\_

Home Church (if any): \_\_\_\_\_ Pastor \_\_\_\_\_

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Please list any allergies (including food, medications, or medical condition: staff cannot administer medication)

\_\_\_\_\_

My child may be photographed and videotaped \_\_\_\_\_ Yes \_\_\_\_\_ No

(At the end of the camp your family will receive a keepsake DVD of the Summer Activities)

Registration Fee: \$25 per child Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Full Balance Due by June 1: \_\_\_\_\_

after June 1, 2022 the cost is \$600.00 to register, and payment is due in full at the time of registration.

### Space is Limited.... Apply Early

Person responsible for picking up this (these) child(ren) at the end of each day:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



# Summer Fun & Educational Enrichment

July 5 – July 29, 2022  
8:30 am – 4:00 pm  
Cost: \$550

## Health Form

### Grace Presbyterian Church

2604 Banister Road Baltimore, MD 21215

410-466-4000

Please Print

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

The health form is kept confidential and used by our health services staff (or emergency medical personnel). Every student needs a completed health form to participate.

#### SECTION I – BASIC CONTACT INFORMATION

Student Name \_\_\_\_\_

(Last)

(First)

(Middle)

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

Home Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist/Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_

#### SECTION II – INSURANCE INFORMATION

Is the student covered by family medical/hospital insurance?  Yes  No

If yes, indicate Insurance Carrier \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

**SECTION III – MEDICATION**

**Grace Church staff and volunteer cannot administer medication!**

Please administer any needed medication for your child prior or after summer program hours. We have registered nurses on duty during the camp who can assist with minor injuries or complaints. You will be notified in the event of any situation beyond our ability to support your child.

**SECTION IV – ALLERGIES**

\_\_\_\_\_ does not have any allergies

\_\_\_\_\_ is allergic to

- |   |                            |
|---|----------------------------|
| _____ 1. Hay Fever  | _____ 4. Food              |
| _____ 2. Poison Ivy/Oak   | _____ 5. Penicillin        |
| _____ 3. Insect Strings   | _____ 6. Other Drugs _____ |
| _____ 7. Other. Please list allergy. Describe reaction and treatment. |                            |

---

**SECTION V – IMMUNIZATIONS: Please attach**

**SECTION VI – HEALTH HISTORY**

Date of last Physical Exam (last 24 months) \_\_\_\_\_

Physical Activities to be limited or restricted while in program \_\_\_\_\_

Health conditions that should be known \_\_\_\_\_

**SECTION VII – AUTHORIZATION**

My child has permission to engage in all prescribed Grace Summer Program activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions and understand that medication will not be administered by the staff during camp hours. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian \_\_\_\_\_ date \_\_\_\_\_