How will we survive? Never fear my dear, Grace is here!

Visions of NON STOP FLOSSING children creates panic among parents preparing for summer vacation!

2019 Grace Summer Camps
Mrs. Blauser, Mrs. Owens, Mrs. Eisele, Mr. Medina and Mrs. Berry

WEEK #1: EXPLORE
MAY 28-31
9:00-NOON
$150
LASER TAG
SLIME
WATER GAMES
RETRO ARCADE
TREASURE HUNT
GLOW IN THE DARK

WEEK #2: CREATE
JUNE 3-7
9:00-NOON
$175
3D ART COSTUME MAKING COMIC STRIPS SOCK PUPPETS POP ART

WEEK #3: DISCOVER
JUNE 10-14 9:00-NOON $175
RETRO ARCADE MINECRAFT SECRET CODES MARBLE RUNS ROBOTS EXPERIMENTS

EXTENDED CHILDCARE:
$8/hr/child
BEFORE CAMP: 7:30-8:45 am
AFTER CAMP: 12:15-6:00 pm

AGES: Entering K4-Entering 6th

Questions? Camp Director Sarah Blauser
817-584-1835 or blauser@graceacademy.com
Please complete a registration form and medical release form for each child you are enrolling. Return all forms to the school office along with a check or cash. Checks should be made out to GRACE ACADEMY OF DALLAS.

Name of Child: ________________________________________________________________

Grade Entering (Aug 2019): K4  K5  1  2  3  4  5  6

Age of Child: __________

Father’s Name: ____________________________  Cell # ______________

Father’s Email: _________________________________________________________________

Mother’s Name: ____________________________  Cell # ______________

Mother’s Email: _________________________________________________________________

Which email address would you like used to communicate camp information?  
Father’s Email  Mother’s Email  Both

DOES YOUR CHILD HAVE A SKIN OR FOOD ALLERGY?  Y  N

IF YES, PLEASE LIST: _________________________________________________________

What camp weeks will this child be attending?

_____ WEEK 1: EXPLORE/ May 28–31..............$150

_____ WEEK 2: CREATE/ June 3–7.................$175

_____ WEEK 3: DISCOVER/ June 10–14..........$175

TOTAL AMOUNT DUE: ________

CHECK NUMBER _________________________

Please direct any questions you may have to the summer camp director.

Sarah Blauser 817-584-1835 or blauzer@graceacademy.com
GRACE ACADEMY OF DALLAS | GREAT GRACE ADVENTURE SUMMER CAMP PERMISSIONS & WAIVER OF LIABILITY

Child's Name: ___________________________ DOB: ___________________________ Grade: ___________________________

Parent/Guardian: ___________________________ Email: ___________________________ Phone: ___________________________

NAME OF ALTERNATE EMERGENCY CONTACT: ___________________________ DAYTIME PHONE: ___________________________
RELATIONSHIP TO CHILD: ___________________________ DRIVER LICENSE #: ___________________________

Authorized persons having permission to pick up this child (other than parents):

<table>
<thead>
<tr>
<th>Name of Authorized Individual</th>
<th>Driver License #</th>
<th>Phone Number</th>
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STUDENT HEALTH INSURANCE COVERAGE
This student is covered by medical, hospitalization and/or surgical insurance:  □ Yes  □ No
Policy Holder: ___________________________ Insurance Company: ___________________________
EMPLOYER & Group/Plan #: ___________________________ Policy Number: ___________________________
Insurance Company Phone: ___________________________ Membership #: ___________________________

MEDICAL HISTORY
Student has been diagnosed with the following medical conditions (check all that apply):

☐ ADHD/ADD  ☐ Asthma  ☐ Bladder/Kidney  ☐ Diabetes  ☐ Hemophilia
☐ Seizure Disorder  ☐ Vision Impairment  ☐ Hearing Impairment  ☐ Seasonal Allergies  ☐ Severe Reactive Allergies

List all known allergies: ___________________________
Student takes medication on a regular basis:  □ No  □ Yes (If yes, please list medication, dosage and frequency below)

PERMISSION FOR GRACE ACADEMY OF DALLAS TO DISPENSE MEDICATION TO MY CHILD:

YES  NO  YES  NO
☐ Acetaminophen/Tylenol  □ My child requires medication be dispensed to him/her during camp hours on a daily basis.
☐ Ibuprofen/Advil  □ I give the school permission to dispense his/her medication during camp hours.
☐ Antihistamine/Benadryl  All prescribed and OTC medication must be kept and dispensed in the school office.
Students are not allowed to have prescribed or OTC medication in their possession.

RELEASE OF LIABILITY

☐ I release Grace Academy of Dallas from any liability for injuries resulting to my child, including injuries resulting from negligence.

I formally state that I am the parent and/or legal guardian of the child named on this form and am legally responsible for this child. I acknowledge that Grace Academy of Dallas does not assume financial responsibility for the student named on this form, but does wish to provide emergency care if an urgent medical situation arises. By signing below I am granting my permission for Grace Academy of Dallas personnel to call EMS or obtain medical care for my child in the event there is insufficient time to contact me due to an emergency or in the event I cannot be reached by phone. School personnel will contact me, or an "Alternate Emergency Contact" if I cannot be reached to notify me my child is receiving medical care. I will not hold the school financially responsible for the emergency care and/or transportation of this student.

This form is designed to satisfy Section 32.011 of the Texas Family Code, which provides that an educational institution in which the child is enrolled may consent to medical and surgical treatment of a child when the institution has received written authorization to consent from a person having right to consent.

SIGNATURE OF PARENT OR GUARDIAN: ___________________________ RELATIONSHIP TO CHILD: ___________________________ DATE: ___________________________