

## Application and Weekly Fees

The Application Fee of \$50 per camper is non-refundable and must be paid to hold your camper's spot. Please make checks payable to:

*Grace Baptist Academy*

### EARLY REGISTRATION DISCOUNT:

If registered by March 31, the application fee will be discounted to \$35!

Cost                      \$150/week

**\*\*This cost includes payment for ALL field trips! Campers will go on 5 field trips per week! \*\***

Payments are due the Friday before your desired week of camp.

Payments are non-refundable.

**Pay in full for 8 weeks of camp by June 1, and get the 9th week FREE!!**

The purpose of CAMP GRACE is to make a life-changing impact on children with the love of Jesus Christ. It is our goal to provide loving care and a super fun and safe environment during the summer weeks for an experience they will never forget!

**Contact: Beth Smith/Summer Camp Director**

[campgrace@mygracechatt.org](mailto:campgrace@mygracechatt.org)

## Camp T-Shirts

Please select your child(ren)'s t-shirt size. (Circle all that apply) You will receive 3 shirts per child.

Youth	S	M	L	XL
Adult	S	M	L	XL

Extra shirts are available for purchase for \$10 each.

### Parent Release

As a parent/guardian, I give permission for my child(ren)/ward(s) \_\_\_\_\_ to participate in the activities of CAMP GRACE.

My child(ren)/ward(s) has permission to attend field trips as part of the summer camp program. In the event of injury during the program, I agree that CAMP GRACE and its agent(s) may consent to any appropriate medical treatment for my child(ren)/ward(s), should my consent not be reasonably obtained. This consent shall be in effect for the duration of the program. I understand that CAMP GRACE does not provide insurance coverage for the summer camp program participants and that I am responsible for coverage for my child(ren)/ward(s). Further, I agree to hold harmless CAMP GRACE, its agent(s), volunteers, and employees against any loss or damage for any injury, illness, or other condition arising out of my child's participation in CAMP GRACE.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign here to grant permission for CAMP GRACE to use photos of your child in magazines, brochures, and/or the CAMP GRACE Facebook page. Pictures will always be chosen with both your child's and CAMP GRACE's best interest in mind. Children's names and other personal information will not be released.

Name: \_\_\_\_\_

Date: \_\_\_\_\_



**June 3, 2019 — August 2, 2019**

**7:00AM-6:00PM Monday-Friday**

**Now Enrolling Ages 5-12**

**\$150/Week (ALL-Inclusive!)**

**\*DAILY Field Trips \*STEM \*Art \*Crafts  
\*Science \*Sports \*Cooking \*Swimming  
\*Computer \*Active Group Games**

***There are NO additional fees ever!***

7815 Shallowford Road  
Chattanooga, TN 37421  
423.892.8224 ext. 3  
[www.gracechatt.org](http://www.gracechatt.org)

## CAMP GRACE 2019

### Application Form

Application Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Authorized Pick-Up    Yes    No

Father/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Authorized Pick-Up    Yes    No



#### Camper Information

Camper Name: \_\_\_\_\_

Grade Entering in Fall: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Grade Entering in Fall: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Grade Entering in Fall: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

#### Medical Information

Primary Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

#### Health Considerations

Please list any allergies, medications, or special needs your child may have. Please specify by child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Camp Grace?

\_\_\_\_\_

Please check the weeks your child will be attending camp.

Week 1 *June 3-June 7* \_\_\_\_\_

Week 2 *June 10-June 14* \_\_\_\_\_

Week 3 *June 17-June 21* \_\_\_\_\_

Week 4 *June 24-June 28* \_\_\_\_\_

Week 5 *July 1-July 5* \_\_\_\_\_

Week 6 *July 8-July 12* \_\_\_\_\_

Week 7 *July 15-July 19* \_\_\_\_\_

Week 8 *July 22-July 26* \_\_\_\_\_

Week 9 *July 29-Aug 2* \_\_\_\_\_

#### Emergency Contacts (in addition to parents)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Pick-Up    Yes    No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Pick-Up    Yes    No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Pick-Up    Yes    No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Pick-Up    Y    N