



Creating Art Together

Camp Registration
March 29 – April 2
Grades K-5

Please return this form to Urban Grace at 902 Market Street, Tacoma, WA 98402
or by dropping it off at the front office M-F, 9am-3pm.

Child 1 _____

Name: _____

Gender: ____ Male ____ Female

Birthdate: _____

Current Grade: _____

School Attended: _____

Allergies: _____

Child 2 _____

Name: _____

Gender: ____ Male ____ Female

Birthdate: _____

Current Grade: _____

School Attended: _____

Allergies: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/cell/pager: _____

Mother's name & number: _____

Father's name & number: _____

Emergency contact & number: _____

Pediatrician's name/phone number: _____

Home Church: _____

*In order to ensure that each registered child has a spot in the camp, payment must accompany registration. The cost is \$100 per child. Checks should be made payable to Urban Grace.

I am enclosing additional funds to be applied to camper scholarships.

Photos will be taken during camp for future publications and promotional efforts.

I, _____ (parent or guardian, please print) give my permission for
_____ to have his/her photo taken for inclusion on Urban Grace publications or
promotional efforts.

Signature of parent or guardian _____