

Camp Kindness 2019

Grimsrud Elementary School
June 10-12 1-4 p.m.

Scholarship request

Name of adult requesting scholarship:

Relationship to child:

Child's name:

Child's address:

Parent's name:

Parent's cell phone number:

Parent's email:

Child's T-shirt size: (circle one) **Adult Small** **Adult Medium** **Youth XL** **Youth Large**
Youth Medium **Youth Small**

Emergency contact (name, relationship to child, phone, email):

School child attends:

Grade Fall 2019:

Special needs (food allergies, dietary needs, other special needs - BE SPECIFIC for EACH CHILD)

***Parent needs to administer any necessary medication (circle one): **YES** **NO**

If yes, explain:

In the event my child(ren) is injured, ill or in need of medical attention and I am unable to be contacted, I authorize Camp Kindness staff to seek medical attention on my behalf (circle one):

YES **NO**

I give permission for video and images of my child(ren) to be used in Camp Kindness promotional material online, on posters, and on fliers (Waiver applies to all children registered) (circle one):

YES **NO**

How did you hear about Camp Kindness: **Surprise Church** **my child's school** **Facebook** **Friday Flier**
Friend

Reason for requesting scholarship:

Are you available to be an adult volunteer at the Camp? (circle one) **YES** **NO**

Interested in volunteering - If yes, contact Sue Skalicky at 202-1821 - Free nursery for underage children of volunteers.

Scholarship Amount Requested:

_____ Full scholarship of \$25 - this includes all camp supplies, snacks, plus Camp Kindness T-shirt

_____ Partial scholarship of \$15 - this includes all camp supplies and snacks, but not Camp Kindness T-shirt

T-shirt \$10 if purchased separately. (make checks payable to Surprise Church)

Please print, complete, and either mail to Sue Skalicky 1108 Hillside Terrace, Bismarck, ND 58501
Or, scan and email to sue.j.skalicky@gmail.com