

REGISTRATION FORM for Camp Waldorf Summer 2011

INDICATE AGE GROUP:

3 – 7 years-old _____ 8 – 12 years-old _____

Previous HVWS Summer Camp attendee? Yes _____ No _____

CHILD'S NAME _____ BIRTH DATE ____/____/____ Grade Entering _____ M _____ F _____

PARENT/GUARDIAN NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE _____ WORK NAME & PHONE _____

PARENT/GUARDIAN E-MAIL _____

PARENT/GUARDIAN NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE _____ WORK NAME & PHONE _____

PARENT/GUARDIAN E-MAIL _____

ALLERGIES NO _____ IF YES _____ PLEASE EXPLAIN _____

SPECIAL NEEDS NO _____ IF YES _____ PLEASE EXPLAIN _____

EMERGENCY MEDS _____ OTHER MEDICAL ISSUES _____

CHILD'S DOCTOR _____ DOCTOR'S PHONE _____

CHILD'S DENTIST _____ DENTIST'S PHONE _____

Please indicate any other information which would be helpful in planning for your child. _____

EMERGENCY CONTACT INFORMATION

Individuals with permission to make decisions for the health and welfare of my child and who can remove my child from HVWS' premises.

1. NAME _____

2. NAME _____

RELATIONSHIP _____

RELATIONSHIP _____

ADDRESS _____

ADDRESS _____

DAYTIME PHONE _____

DAYTIME PHONE _____

RELEASES

If parent(s) or legal guardian(s) cannot be reached in the event of an emergency, I hereby appoint the staff of the Housatonic Valley Waldorf School to act in my/our behalf to administer first aid treatment and/or to authorize unexpected medical, dental or surgical care and hospitalization for my child. I give permission for my child to participate in all nature trail walks and related outdoor activities, as well as all other HVWS Summer Camp activities.

I give HVWS staff permission to release my child to the emergency contacts listed above. These people have my permission to make decisions as to the welfare and health of my child.

I give my permission to the Housatonic Valley Waldorf School to take, use, publish and reproduce photographs, slides or video of my child for publicity purposes.

AGREE WITH ABOVE: YES _____ NO _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PRINT PARENT/GUARDIAN NAME _____

COMPLETE BOTH SIDES AND MAIL TO:

Housatonic Valley Waldorf School, Attn: Summer Camp, 40 Dodgingtown Road, Newtown, CT 06470.

For more information and to register, please contact:

Carrie Reilly, Camp Director or David Freedman, Camp Administrator at 203.364.9557 or email camp@waldorfct.org

MULTIPLE CLASS DISCOUNT: Save 10% when you register one child for all five weeks. Discount not available for before camp or after camp. All dates, programs and activities, subject to change without notice.

ONE CHILD PER FORM PLEASE

CHILD'S NAME _____ BIRTH DATE _____ PHONE _____

Ages 3-7 years

			Register before June 15	Register after June 16	Total
Week 1	July 11 – 15	Summer's Garden	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	
Week 2	July 18 - 22	Butterflies and Bugs	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	
Week 3	July 25 - 29	Fairies, Knights and Dragons	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	
Week 4	August 1 - 5	Water, Worms and Wonder	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	
Week 5	August 8 - 12	Hoes, Hands and Harvest	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	
Before Camp	8:00 am – 9:00 am		<input type="checkbox"/> \$50 per week	\$50 X # ___ of weeks	
After Camp	3:00 pm- 5:00 pm		<input type="checkbox"/> \$60 per week	\$60 X # ___ of weeks	
Before and After Combo (save \$10)	8:00 am-9:00 am 3:00 pm -5:00 pm		<input type="checkbox"/> \$100 per week	\$100 X # ___ of weeks	

Ages 8 – 12 years

			Register before June 15	Register after June 16	Total
Week 1	July 11 – 15	Summer's Garden and Nature's Colors	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	
Week 2	July 18 - 22	Wild and Wonderful Water	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	
Week 3	July 25 - 29	Archery/Fencing	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	
Week 4	August 1 - 5	Primitive Skills	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	
Week 5	August 8 - 12	Harvesting and Cooking	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	
Before Camp	8:00 am – 9:00 am		<input type="checkbox"/> \$50 per week	\$50 X # ___ of weeks	
After Camp	3:00 pm- 5:00 pm		<input type="checkbox"/> \$60 per week	\$60 X # ___ of weeks	
Before and After Combo (save \$10)	8:00 am-9:00 am 3:00 pm -5:00 pm		<input type="checkbox"/> \$100 per week	\$100 X # ___ of weeks	

Subtotal	\$
10% discount for signing up for all 5 weeks!	- \$
TOTAL	\$

PAYMENT OPTIONS

Make checks payable to Housatonic Valley Waldorf School

Please charge my _____ MasterCard _____ Visa _____ Discover Exp ___/___

Number as it appears on card _____

Signature _____