

DAVIS WALDORF SCHOOL
Summergarden Summer Camp 2018 Registration

Child's Name: _____

SUMMERGARDEN FOR AGES 7-11
(ENTERING GRADE 2-ENTERING GRADE 6)
MONDAY-FRIDAY 8 A.M.-1 P.M.

One Week Sessions

Extended Care

- | | | |
|---|--|---|
| <input type="checkbox"/> Woodworking for Kids (June 18-22)(\$205) | <input type="checkbox"/> 1-3:00 (\$50) | <input type="checkbox"/> 1-5:30 (\$110) |
| <input type="checkbox"/> Clay Creations (June 25-June 29)(\$205) | <input type="checkbox"/> 1-3:00 (\$50) | <input type="checkbox"/> 1-5:30 (\$110) |
| <input type="checkbox"/> Crafting with Leather (July 2-6, no July 4)(\$165) | <input type="checkbox"/> 1-3:00 (\$40) | <input type="checkbox"/> 1-5:30 (\$90) |
| <input type="checkbox"/> Great Games Getaway! (July 9-13)(\$205) | <input type="checkbox"/> 1-3:00 (\$50) | <input type="checkbox"/> 1-5:30 (\$110) |

Total Enclosed: _____

***Discount:** Enroll by May 18 and get a \$10 discount for each week your child enrolls.

Refund Policy: Refunds, less a \$50 processing fee per enrolled child, will be issued up to one week before your child's first week of summer camp. If you attend the first day of camp and are not fully satisfied, speak to our Camp Director within 24 hours after the first day of camp to complete a refund request and a full refund less a \$50 processing fee will be issued. No refunds will be issued to those who do not attend the first day of camp.

RETURN THIS FORM AND PAYMENT IN FULL TO
Davis Waldorf School, 3100 Sycamore Lane, Davis CA, 95616

APPLICATION AND EMERGENCY INFORMATION

CHILD'S NAME

ENTERING GRADE

DATE OF BIRTH

CURRENT SCHOOL

CHILD'S HOME ADDRESS

PARENT 1 NAME

PHONE 1 CELL HOME WORK

PHONE 2 CELL HOME WORK

PARENT 2 NAME

PHONE 1 CELL HOME WORK

PHONE 2 CELL HOME WORK

PRIMARY EMAIL(S)

CHILD'S PHYSICIAN

PHYSICIAN PHONE

PLEASE LIST ANY PHYSICAL, SOCIAL, EMOTIONAL, PSYCHOLOGICAL, LANGUAGE AND/OR ACADEMIC CHALLENGES INCLUDING FINE /GROSS MOTOR SKILLS.
PLEASE SHARE ANY OTHER IMPORTANT INFORMATION SO THAT WE MAY BEST BE PREPARED FOR YOUR CHILD

MEDICAL INSURANCE

POLICY #

MEDICATION CURRENTLY BEING TAKEN BY CHILD AT HOME AND/OR AT SCHOOL (INCLUDE TIME & DOSAGE)

LIST ALL KNOWN ALLERGIES OR DIETARY RESTRICTIONS (WE ARE ABLE TO ACCOMDATE MOST, BUT NOT ALL DIETARY RESTRICTIONS)

ARE THERE ANY FACTORS A TEACHER SHOULD KNOW ABOUT YOUR CHILD'S HEALTH, OR THAT A DOCTOR SHOULD BE AWARE OF BEFORE TREATING YOUR CHILD (E.G. ALLERGIC REACTION TO PENICILLIN, BEE STINGS)?

I GIVE PERMISSION TO DAVIS WALDORF SCHOOL TO APPLY SUNSCREEN TO MY CHILD YES NO

IF MY CHILD IS INJURED, ILL OR MUST LEAVE SCHOOL FOR ANY REASON, AND THE PARENT OR GUARDIAN LISTED ABOVE CANNOT BE REACHED, THE SCHOOL IS AUTHORIZED TO CALL AND RELEASE MY CHILD TO:

NAME

PHONE

RELATIONSHIP

NAME

PHONE

RELATIONSHIP

I hereby give permission to the teachers/staff of the Davis Waldorf School to seek stabilizing medical care for my child in case of an emergency. Signatures below give permission for Davis Waldorf School or its representative to make such arrangements as are considered necessary for the provision of medical treatment or hospital care, including emergency first aid and transportation, in the event of an accident or other emergency when a parent/guardian is not available. I/we further authorize licensed medical providers to undertake such care and treatment as may be considered necessary in their professional opinion.

SIGNATURE

DATE