

DAVIS WALDORF SCHOOL
KINDER CAMP 2019 3-DAY SCHEDULE REGISTRATION
 FOR DWS FAMILIES ONLY

KINDER CAMP FOR AGES 3-6 (AGE 3-ENTERING 1ST GRADE)

CHILD'S NAME _____ DATE SUBMITTED _____

PARENT'S NAME _____ TELEPHONE _____

PLEASE SUBMIT THIS FORM TO SHELLIE IN THE OFFICE. WE'LL CONTACT YOU WITHIN ONE WEEK TO LET YOU KNOW IF YOUR SCHEDULE IS APPROVED.

Kinder Camp 8 a.m.–1 p.m. <i>3 Days - Tue-Wed-Thur only</i>	Extended Care	Total
Section 1 Enrollment Deadline is June 1 (limited spots may be available after this date)		
<input type="checkbox"/> Kinder 1 (June 18-20) (\$120)	<input type="checkbox"/> 1-3:00 (\$30) <input type="checkbox"/> 1-5:30 (\$65)	_____
<input type="checkbox"/> Kinder 2 (June 25–27) (\$120)	<input type="checkbox"/> 1-3:00 (\$30) <input type="checkbox"/> 1-5:30 (\$65)	_____
<input type="checkbox"/> Kinder 3 (July 2-3, no class on July 4) (\$80)	<input type="checkbox"/> 1-3:00 (\$20) <input type="checkbox"/> 1-5:30 (\$45)	_____
Section 2 Enrollment Deadline is June 22 (limited spots may be available after this date)		
<input type="checkbox"/> Kinder 4 (July 9–11) (\$120)	<input type="checkbox"/> 1-3:00 (\$30) <input type="checkbox"/> 1-5:30 (\$65)	_____
<input type="checkbox"/> Kinder 5 (July 16–18) (\$120)	<input type="checkbox"/> 1-3:00 (\$30) <input type="checkbox"/> 1-5:30 (\$65)	_____
<input type="checkbox"/> Kinder 6 (July 23-25) (\$120)	<input type="checkbox"/> 1-3:00 (\$30) <input type="checkbox"/> 1-5:30 (\$65)	_____
Section 3 Enrollment Deadline is July 13 (limited spots may be available after this date)		
<input type="checkbox"/> Kinder 7 (July 30-Aug 1) (\$120)	<input type="checkbox"/> 1-3:00 (\$30) <input type="checkbox"/> 1-5:30 (\$65)	_____
<input type="checkbox"/> Kinder 8 (Aug 6-Aug 8) (\$120)	<input type="checkbox"/> 1-3:00 (\$30) <input type="checkbox"/> 1-5:30 (\$65)	_____
Total Enclosed:		_____

Discounts do not apply for 3-Day schedules. 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.

RETURN THIS FORM TO
 Davis Waldorf School, 3100 Sycamore Lane, Davis CA, 95616

FOR OFFICE USE ONLY

Reviewed by:

APPLICATION AND EMERGENCY INFORMATION

CHILD'S NAME

ENTERING GRADE

DATE OF BIRTH

CURRENT SCHOOL

PARENT(S) NAME(S)

CHILD'S HOME ADDRESS

HOME PHONE

WORK

CELL

PRIMARY EMAIL

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 COVERAGE

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 ACCOMMODATE 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.

SIGNATURE

DATE