

PORTLAND WALDORF
SCHOOL



SUMMER VACATION PROGRAM 2018

Waldorf Summer Camp Registration Form

CHILD'S NAME _____ AGE _____ GRADE/SCHOOL _____

PARENT/GUARDIAN #1 _____ DAYTIME PHONE _____

PARENT/GUARDIAN #2 _____ DAYTIME PHONE _____

EMAIL (PARENT 1 OR PARENT 2) _____

HALF DAY (8:30-12:30)

\$200 per week

WHOLE DAY (8:30-3:30)

\$300 per week

EXTENDED DAY (8:30-5:30)

\$375 per week

June 18- June 22

Half Day	\$
Whole Day	\$
Ext. Day	\$

July 30-Aug 3

Half Day	\$
Whole Day	\$
Ext. Day	\$

June 25- June 29

Half Day	\$
Whole Day	\$
Ext. Day	\$

Aug 6-Aug 10

Half Day	\$
Whole Day	\$
Ext. Day	\$

July 2- July 6

Half Day	\$
Whole Day	\$
Ext. Day	\$

Aug 13- Aug 17

Half Day	\$
Whole Day	\$
Ext. Day	\$

July 16-July 20

Half Day	\$
Whole Day	\$
Ext. Day	\$

August 20- Aug 24

Half Day	\$
Whole Day	\$
Ext. Day	\$

July 23- July 27

Half Day	\$
Whole Day	\$
Ext. Day	\$

Aug 27- Aug 31

Half Day	\$
Whole Day	\$
Ext. Day	\$

TOTAL: _____

For more information email Lydia Hoffman at lydia.hoffman@portlandwaldorf.org. Registration form and payment of the total amount above can be mailed to the address below, returned to the main office, or completed online at www.portlandwaldorf.org/camps. Registration forms without payment will be not accepted. Camp payments are non-refundable.

PORTLAND WALDORF SCHOOL



Emergency Contact and Release Form

Child's Name _____ Age _____

Emergency Contact 1: Name _____

Relation _____ Phone _____

Emergency Contact 2: Name _____

Relation _____ Phone _____

Medical Insurance Carrier _____

Group number _____ ID number _____

Allergies (food, medical, other) please describe reaction and management or any other medical conditions we should be aware of.

Please list all parties who have permission to pick up your child:

Release

I hereby release and agree to defend, indemnify, and hold harmless the Waldorf Association of Portland, Inc., dba Portland Waldorf School, its officers, agents, employees, trip leaders and their assigns from any and all claims by any person, entity, or estate, in any forum that may arise against them by reason of property loss, injury and/or death incurred by the Student or Parent(s)/Guardian(s) resulting from any cause related to or arising out of (1) the student's participation in this activity, (2) the school or trip leader's negligence, or the negligence of others or other acts whether directly connected to these activities or however caused, and (3) by the condition of the premises or location where these activities occur, but excepting those acts that occur because trip leaders were grossly negligent in failing to take reasonable steps to protect the student from an immediate substantial hazard actually known to the trip leader.

Consents

I hereby grant permission to the providers of the Portland Waldorf School Vacation Program to administer general First Aid. I authorize PWS Vacation Program Staff to give consent for all medical treatment that may be required for my child during our absence. I grant permission for my child to participate in all planned activities. I agree that in the event my child is injured as a result of his or her participation in the PWS Vacation Program activities, including transportation to and from such activity, all resulting hospital medical or related costs will first be paid by my accident, medical, or other benefit plan. Any school insurance will be applied secondarily. Finally, in the event my child is injured, I grant permission for PWS personnel to transport said minor in whatever manner is deemed necessary and reasonable, including transportation by emergency or rescue vehicle, to whatever emergency treatment center is deemed appropriate.

Signature _____ Date _____