

PORTLAND WALDORF  
SCHOOL



SUMMER VACATION PROGRAM 2018

# Waldorf Summer Camp Registration Form

(registration form due June 1)

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	\$ _____

**June 25- June 29**

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

**July 2- July 6**

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

**July 9- July 13**

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

**July 16- July 20**

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

**July 23- July 27**

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

**July 30-Aug 3**

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

**Aug 6-Aug 10**

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

**Aug 13- Aug 17**

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

**August 20- Aug 24**

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](mailto:lydia.hoffman@portlandwaldorf.org). Registration form and payment of the total amount above can be mailed to the address below or returned to the main office. Registration forms without payment will be not accepted. Camp payments are non-refundable.

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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 \_\_\_\_\_