

**DAVIS WALDORF SCHOOL**  
**KINDER CAMP 2020 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.**

**Extended Care**

**Total**

*3 Days - Tue-Wed-Thur only*

**Section 1 Enrollment Deadline is May 15th (limited spots may be available after this date)**

- |  |  |  |       |
|--|--|--|-------|
| <input type="checkbox"/> Kinder 1 (June 16-18) (\$120)     | <input type="checkbox"/> 1-3:00 (\$30) | <input type="checkbox"/> 1-5:30 (\$65) | _____ |
| <input type="checkbox"/> Kinder 2 (June 23-25) (\$120)     | <input type="checkbox"/> 1-3:00 (\$30) | <input type="checkbox"/> 1-5:30 (\$65) | _____ |
| <input type="checkbox"/> Kinder 3 (June 30-July 2) (\$120) | <input type="checkbox"/> 1-3:00 (\$30) | <input type="checkbox"/> 1-5:30 (\$65) | _____ |

**Section 2 Enrollment Deadline is June 22 (limited spots may be available after this date)**

- |  |  |  |       |
|--|--|--|-------|
| <input type="checkbox"/> Kinder 4 (July 7-9) (\$120)   | <input type="checkbox"/> 1-3:00 (\$30) | <input type="checkbox"/> 1-5:30 (\$65) | _____ |
| <input type="checkbox"/> Kinder 5 (July 14-16) (\$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 6 (July 21-23) (\$120) | <input type="checkbox"/> 1-3:00 (\$30) | <input type="checkbox"/> 1-5:30 (\$65) | _____ |
| <input type="checkbox"/> Kinder 7 (July 28-30) (\$120) | <input type="checkbox"/> 1-3:00 (\$30) | <input type="checkbox"/> 1-5:30 (\$65) | _____ |
| <input type="checkbox"/> Kinder 8 (Aug 4-6) (\$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 than 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

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CHILD'S NAME

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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

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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

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MEDICAL COVERAGE

POLICY #

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

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

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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)?

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

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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:

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NAME

PHONE

RELATIONSHIP

---

NAME

PHONE

RELATIONSHIP

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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.

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SIGNATURE

DATE