



Kinder Camp 2021 Registration Form

Child's Name _____ Date Submitted _____

Guardian's Name _____ Email _____ Phone _____

Please indicate which blocks you would like your child to attend (and if you require Extended Care) by checking the the appropriate box. Email the completed form to **enrollment@daviswaldorf.org**.

BLOCK 1 Bugs & Insects

		Camp	Extended Care	
Monday - Friday	Hours of Care	8:00 am - 1 :00 pm	1:00 pm - 4:00 pm	
June 28 - July 2	Price	\$390	+ \$220	TOTAL
July 5 - July 9	Will attend	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="text"/>

BLOCK 2 Barn Yard

Deadline to Apply: _____ Deadline to Apply: _____

		Camp	Extended Care	
Monday - Friday	Hours of Care	8:00 am - 1 :00 pm	1:00 pm - 4:00 pm	
July 12 - July 16	Price	\$390	+ \$220	TOTAL
July 19 - July 23	Will attend	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="text"/>

BLOCK 3 Gnome & Woodland

		Camp	Extended Care	
Monday - Friday	Hours of Care	8:00 am - 1 :00 pm	1:00 pm - 4:00 pm	
July 26 - July 30	Price	\$390	+ \$220	TOTAL
Aug 2 - Aug 6	Will attend	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="text"/>

BLOCK 4 Seaside

		Camp	Extended Care	
Monday - Friday	Hours of Care	8:00 am - 1 :00 pm	1:00 pm - 4:00 pm	
Aug 9 - Aug 13	Price	\$390	+ \$220	TOTAL
Aug 16 - Aug 20	Will attend	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="text"/>



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Application & Contact Information

Child	Name		
	Entering Grade	DOB	

Guardian #1	Name		Email	
	Home Phone	Cell	Work	

Guardian #2	Name		Email	
	Home Phone	Cell	Work	

Additional Information	Please list any physical, social, emotional, psychological, language and/or academic challenges including fine/gross motor skills.			
	Please list any other important information so that we may be best prepared for your child.			
	I give permission to the Davis Waldorf School to apply sunscreen to my child. <input type="checkbox"/> YES <input type="checkbox"/> NO			

Alternate Contacts	<i>If my child is injured, ill or must leave school for any reason, and the parent/guardian(s) listed above cannot be reached, the Davis Waldorf School is authorized to call and release my child to the following individual(s):</i>		
	Name	Phone	Relationship
	Name	Phone	Relationship
	Signature	Date	



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Health Information & Medical Release

Child	Name _____		DOB _____	
Medical Information	Child's Physician _____		Physician Phone _____	
	Medical Coverage _____		Policy # _____	
	List any medication currently being taken by your child.	<i>Include DOSAGE and TIME OF DAY.</i>		
	List all known allergies and/or dietary restrictions .	<i>DWS can accommodate most, but not all, dietary restrictions.</i>		
Are there any factors a TEACHER or DOCTOR should know before treating your child?	<i>(e.g. pre-existing conditions, allergic reaction to penicillin)</i>			
Medical Release	<i>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.</i>			
	Signature _____		Date _____	