

Waldorf Summer Garden for 3 to 6 Year Olds

For the sixth Summer in a row, we are offering our very popular Summer Garden Program at Prairie Hill Waldorf School. Children ages three to six years old are welcome to join us. We've planned lots of fun and adventure which includes outdoor games and water activities, Summer circle time, daily nature walks, arts and crafts projects, work in the garden, and treasure hunts. Healthy snacks will be provided.

This program is ideal for both current and future Wonder Gardeners and Kindergarteners.

This year we will offer six weeks of Summer Garden!

Week 1: M-F June 15 - 19, 9 AM to Noon

Week 2: M-F June 22 - 26, 9 AM to Noon

Week 3: M-F July 6 - 10, 9 AM to Noon

Week 4: M-F July 13- 17, 9 AM to Noon

Week 5: M-F August 10-14, 9 AM to Noon

Week 6: M-F August 17-21, 9 AM to Noon

You can register for one week or as many as you wish. The fee per week is \$85.00 plus supplies at \$15.00 (Total of \$100/week).

We will accept a minimum of eight children and a maximum of eighteen children for each week. Summer Garden is for children ages 3 (as of June 1) to 6 years old. Additional Summer Garden Registration forms will be located outside of the school office. If you have any questions, please contact Lynne Kehoe at (920) 220-1522.

Please circle the weeks you have registered for above, and keep the upper portion of this page.

Return only this bottom portion with non-refundable check made out to PHWS, and send to: Enrollment Director, N14 W29143 Silvernail Road, Pewaukee, WI 53072-4855. A confirmation letter will follow receipt of payment, with details of what your child(ren) should bring to Summer Garden. Thank you!

Registration form for 2009 Summer Garden at Prairie Hill Waldorf School

Name of Child: _____ Age as of June 1st, 2009: _____

Name of Sibling (if attending): _____ Age as of June 1st, 2009: _____

Name of Parent(s): _____

Street Address, City, Zip Code: _____

Email address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Cell Phone Number(s): _____

Emergency Contact (name & phone number): _____

Does your child(ren) have any allergies or medical conditions: _____

Please check the week(s) for which you are enrolling:

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Week 4: M-F July 13-17, 9 AM to Noon

Week 2: M-F June 22-26, 9 AM to Noon

Week 5: M-F August 10-14, 9 AM to Noon

Week 3: M-F July 6-10, 9 AM to Noon

Week 6: M-F August 17-21, 9 AM to Noon

Cost Per Week: \$85, plus \$15 supply fee (total \$100 per week per child). Total submitted \$ _____