

SUMMER GARDEN CAMP 2019



Registration Form

Please complete a separate form for each child.

Previous PHWS Summer Garden attendee? Yes _____ No _____ My child takes a nap – No _____ Yes _____

CHILD'S NAME _____ BIRTHDATE ____/____/____ M ___ F ___

PARENT/GUARDIAN NAME _____

PRIMARY PHONE _____ CELLPHONE _____

EMAIL: _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ ALLERGIES NO ___ IF YES ___ PLEASE DESCRIBE BELOW*

SPECIAL NEEDS NO ___ IF YES ___ PLEASE EXPLAIN* _____

EMERGENCY MEDS _____

OTHER MEDICAL ISSUES _____

CHILD'S DOCTOR _____ DOCTOR'S PHONE _____

CHILD'S DENTIST _____ DENTIST'S PHONE _____

*Please indicate any other information that would be helpful in planning for your child, for Summer Garden.

EMERGENCY CONTACT INFORMATION

Individuals with permission to make decisions for the health and welfare of my child and who may transport my child from PHWS' premises.

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

RELEASES

Please write your initials to acknowledge your agreement with the following:

_____ I give permission for my child to participate in nature trail walks and related outdoor activities, as well as all other PHWS Summer Garden activities.

_____ I give PHWS staff permission to release my child to the emergency contacts listed above. These people have my permission to make decisions as to the welfare and health of my child.

_____ If parent(s) or legal guardian(s) cannot be reached in the event of an emergency, I hereby appoint the staff of the Prairie Hill Waldorf School to act in my/our behalf to administer first aid treatment and/or to authorize unexpected medical, dental or surgical care and hospitalization for my child.

_____ I give my permission to the Prairie Hill Waldorf School to take, use, publish and reproduce photographs, video of my child for publicity purposes.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PRINT PARENT/GUARDIAN NAME _____

COMPLETE BOTH SIDES AND MAIL TO (do not e-mail completed form without payment):

Prairie Hill Waldorf School ● N14W29143 Silvernail Road ● Pewaukee, WI 53072-4855

For more information, please contact: 262-646-7497 ● Admissions@PrairieHillWaldorf.org

SUMMER GARDEN CAMP WEEKS & PRICES



2019 Registration Deadlines:

Camps tend to fill quickly, for best space availability register at least 3 weeks in advance of start date.

Multiple Week Discount: Register for two or more weeks and receive a 10% discount. You must register for all camps at the same time and pay in full. *Discount does not apply to Before Care or After Care.*

CHILD'S NAME _____ AGE _____ PHONE _____

<i>Weeks Attending</i>	<i>Dates</i>	<i>Theme</i>	<i>Half Day (9 – 12:30)</i>	<i>Full Day (9 – 3:30)</i>	<i>Total</i>
<input type="checkbox"/> Week 1	June 3 – 7	Grow Garden Grow	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225	
<input type="checkbox"/> Week 2	June 10 – 14	Bugs & Butterflies	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225	
<input type="checkbox"/> Week 3	June 17 – 21	Fairy Tales	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225	
<input type="checkbox"/> Week 4	June 24 – 28	Friendly Frogs	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225	
<input type="checkbox"/> Week 5	July 8 – 12	Magical Forest	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225	
<input type="checkbox"/> Week 6	July 15 – 19	Mythical Creatures	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225	
<input type="checkbox"/> Week 7	July 22 – 26	Parade of Music	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225	
<input type="checkbox"/> Week 8	July 29 – August 2	Fine Feathered Friends	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225	
<input type="checkbox"/> Week 9	August 5 – 9	Under The Sea	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225	
<input type="checkbox"/> Week 10	August 12 – 16	Happy Harvest	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225	
Subtotal:					
				Multiple Week Discount	-10%
Subtotal:					
Before Camp	8:00 a.m. – 9:00 a.m.		<input type="checkbox"/> \$30 per week	\$30 X # __of weeks	
After Camp	3:30 p.m. – 4:30 p.m.		<input type="checkbox"/> \$30 per week	\$30 X # __of weeks	
Total Due:					

Pack a lunch for your child for both half and full day programs.

Mail registration form with payment to Prairie Hill Waldorf School, N14 W29143 Silvernail Rd. Pewaukee, WI 53072
Full payment must be made at the time of registration to hold your space.

PAYMENT OPTIONS: CHECK OR CREDIT CARD

Make checks payable to Prairie Hill Waldorf School

Please charge my _____ MasterCard _____ Visa _____ Discover Exp _____/_____ Card number _____

Name as it appears on card _____ CVV # (3 digit number on back of card) _____

Signature _____

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