

**SUMMER GARDEN CAMP 2022**



**Registration Form**

(Ages 3-6, Children entering Grade 1 should register for Summer Forest Camp)

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):**

**SUMMER GARDEN CAMP WEEKS & PRICES**



**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 6 – 10	Habitats and Homes	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	
<input type="checkbox"/> Week 2	June 13 – 17	Fairy Tales	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	
<input type="checkbox"/> Week 3	June 20 – 24	Fine Feathered Friends	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	
<input type="checkbox"/> Week 4	June 27 – July 1	Friendly Frogs	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	
<input type="checkbox"/> Week 5	July 11 – 15	Magical Forest	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	
<input type="checkbox"/> Week 6	July 18 – 22	Bugs and Butterflies	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	
<input type="checkbox"/> Week 7	July 25 – 29	Melody and Music	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	
<input type="checkbox"/> Week 8	August 1 – 5	Under the Sea	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	
<b>Subtotal:</b>					
Multiple Week Discount				-10%	
<b>Subtotal:</b>					
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	
<b>Total Due:</b>					

**\*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

Credit Card Payments will incur a 3% fee.

Cancellation and Refunds: If a cancellation occurs more than 14 days prior to the start of the camp week, a refund will be issued less a \$50 cancellation fee. With less than a 14-day notice, the entire fee is non-refundable. No refunds or rebooking will be given for inclement weather.

Make checks payable to Prairie Hill Waldorf School

Please charge my \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa Exp \_\_\_\_\_/\_\_\_\_\_ Card number \_\_\_\_\_

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

Signature \_\_\_\_\_

For more information, please contact: 262-646-7497 \* admissions@prairiehillwaldorf.org