

❧ The Waldorf School of San Diego Summer Camp Registration Form 2010 ❧

Placement is first-come-first-served for currently enrolled WSSD students (or new students enrolled for Sept 2010). Grades camps will be opened to friends and family after June 10, 2010. Completed registration form *with payment* is due at the time of registration for all sessions you wish to attend (*no drop-ins or daily rates available*).

Refund Policy: You must confirm receipt of your cancellation with the school office, no later than 3pm one week prior to start date (no refunds will be given after that time). All cancellations will be subject to a \$50 cancellation fee.

<p>❧ EARLY CHILDHOOD CAMPS: 8:30 a.m. to 12:30pm or 3p.m.</p>	<p><i>Student Name(s), birthdate and gender:</i></p>
<p><i>Enchanted Gardens ~ June 28 - July 2</i> For children 3-6 years old who will be enrolled in Nursery, Kindergarten or Grade 1 in Fall 2010. Camp will follow the enchanted garden theme with songs, stories, crafts and plenty of healthy play. <input type="checkbox"/> 8:30am - 12:30pm \$225 <u>OR</u> <input type="checkbox"/> 8:30am - 3:00pm \$275</p>	<p>1. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 2. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 3. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 4. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/></p>
<p><i>Felting & Puppetry from Fairylands to Starry Realms ~ July 5 - July 9</i> For children 3-6 years old who will be enrolled in Nursery, Kindergarten or Grade 1 in Fall 2010. Camps will follow the felting and puppetry theme with songs, stories, crafts and plenty of healthy play. <input type="checkbox"/> 8:30am - 12:30pm \$225 <u>OR</u> <input type="checkbox"/> 8:30am - 3:00pm \$275</p>	<p>1. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 2. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 3. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 4. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/></p>
<p>❧ GRADES CAMPS: 8:30 a.m. to 3:00 p.m. Use the grade that your child is entering in September 2010.</p>	<p><i>Student Name(s), birthdate and gender:</i></p>
<p><i>Girls and Boys Basketball Camp for Grades 5 - 8 ~ June 28 - July 2</i> This camp is taught by Coach Anthony Thomas of the Waldorf Waves Basketball Team. Beginners and experienced players are all welcome to come and hone their skills! The last hour of the day is dedicated to free play. <input type="checkbox"/> 8:30am - 3pm \$225</p>	<p>1. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 2. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 3. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 4. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/></p>
<p><i>Theatre Camp for Grades 7 - 11 ~ July 5 - 9</i> Thomas Gomes, parent of Felix and Maya Gomes, and husband of our Games Teacher, Sara, is an upper grades drama teacher and knows how to bring the dramatic arts in a way that works well for the older students. Fun with a capital F! <input type="checkbox"/> 8:30am - 3pm \$225</p>	<p>1. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 2. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 3. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 4. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/></p>
<p><i>Theatre Camp for Grades 2 - 6 ~ July 12 - 16</i> Thomas Gomes will bring the fun of the theatrical experience to the younger grades, giving them an inner confidence to draw from, both on and off the stage, for years to come. <input type="checkbox"/> 8:30am - 3pm \$225</p>	<p>1. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 2. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 3. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 4. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/></p>
<p><i>Outdoor Adventure and Creative Writing Camp for Grades 7-11 ~ July 19-24</i> This is a new and exciting offering for our upper grades students this year led by our High School Humanities and Drama teacher Nathan Wilcox. This camp takes place daily at Torrey Pines State Park with hiking, creative writing, storytelling, and lots of fun on the beach and in the park. <i>Drop-off and pick-up will be at the park.</i> <input type="checkbox"/> 8:30am - 3pm \$225</p>	<p>1. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 2. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 3. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> 4. _____ DOB ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/></p>

Child's Name _____ Nickname (if any) _____ Date of birth ____/____/____
Mother's Name _____ Mom Cell (____) _____ Home Ph(____) _____ Work Ph (____) _____
 Address _____ City _____ Zip code _____
Father's Name _____ Dad Cell (____) _____ Home Ph(____) _____ Work Ph (____) _____
 Address (if different) _____ City _____ Zip code _____
Emergency Contact _____ Cell (____) _____ Home Ph(____) _____ Work Ph (____) _____
 Who should be contacted first if the child needs to go home? _____

Medical Information and Consent Form
 AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I, the undersigned parent/guardian of the below mentioned child(ren), minor(s), do hereby authorize The Waldorf School of San Diego (WSSD) and all representatives of WSSD as agent(s) for the undersigned, to consent to, or sign any waiver of release required for an x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under general or special provision of any paramedic, licensed physician, or surgeon of the medical staff of any hospital, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis or treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable whether such diagnosis or treatment is rendered at the office of the physician, at the hospital, or in transit, or at an off-campus activity site. It is understood that efforts shall be made to contact the undersigned prior to the rendering of treatment of the patient, but that none of the above treatment shall be withheld if the undersigned cannot be reached.

I hereby authorize any hospital which has provided treatment to the below named minor(s) pursuant to the provision of the Family Code Section 6910 to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283. The authorization shall remain effective through 2008/2009 school year unless sooner revoked in writing and delivered to said agent(s).

Parent/Guardian Signature _____ Date ____/____/____

Please review the following information for any changes or omissions:

Student Name _____ DOB ____/____/____ Doctor Name _____ Dr. Ph (____) _____

Medical Ins Co _____ Policy # _____ Dental Ins Co _____ Policy # _____

Dentist Name _____ Dentist Phone (____) _____

Allergies and/or Medications _____

Date of last: TB test
Tetanus

HOLD HARMLESS AGREEMENT
 PARENT OR GUARDIAN'S AUTHORIZATION AND RELEASE FOR MINOR

I, _____ (full name of Parent/Guardian), am the parent or lawful guardian of: _____ (full name of minor(s)), so sign this general release of liability and authorize said minor to participate in the programs of WSSD. The participant, minor, and the undersigned, individually and on behalf of both parents and the guardian of said minor, do hereby release and discharge WSSD, its administrators, teachers, employees, volunteer and other participating parents or guardians from any and all liability whatsoever of any nature or sort for any property damage or personal injury suffered by the student, minor, or undersigned. The undersigned shall hold harmless, indemnify and defend WSSD of and from liability for any claim of any nature rising out of any activity, conduct, act or omission, of the undersigned.

X Parent/Guardian Signature _____ Date ____/____/____

The Waldorf School of San Diego
∞ Summer Camp Guidelines 2010 ∞

~ Use the grade that your child is entering in September 2010. All camps are subject to a minimum enrollment of 10 students, and a maximum of 16 in the early childhood camps, and 20 in the grades camps. Priority is given to currently enrolled students or students enrolled for September 2010. *Grades camps* will be open to friends and family after June 10.

~ Camp hours are 8:30am – 3:00pm so it is vital to drop off and pick up on time. There is no after care available. (Creative Writing Camp takes place *off campus* so be sure to drop off and pick up at the appointed location).

~ Late pick up charge is \$1 per minute after 3pm (according to *our* clock). A slip indicating the amount due will be given at pick up and will be payable at the school office the following morning *before drop off*. Please do your best to be prompt and avoid keeping our staff late and incurring additional fees.

~ Children should come wearing play clothes, a hat and sunscreen, and bring a second change of clothes. Clothing should be practical for active play and have no cartoons, icons or tv characters please. Children must wear closed toe shoes such as tennis shoes so they can be active and safe.

~ Please supply a healthy snack and lunch, (preferably in a basket for children under 7) and PLENTY of water.

~ During summer camp, the school office is open Monday through Friday from 8:30am – 3:00pm. The telephone number is 619-280-8016.