

Eugene Waldorf Summer Camp Application Form

Summer Camp Program 2008

A Taste of Waldorf Kindergarten; ages 4-6

July 14-18 \$130 (\$120 if paid before 5/23) \$ _____
 July 21-25 \$130 (\$120 if paid before 5/23) \$ _____

(You may choose either or both weeks.) Subtotal \$ _____

Around the World; ages 6-11

July 14-18 \$215 (\$200 if paid before 5/23) \$ _____
 July 21-25 \$215 (\$200 if paid before 5/23) \$ _____

(You may choose either or both weeks.) Subtotal \$ _____

Fabulous Beasts

(For middle school students grades 6-8)

July 28-Aug. 1 \$85 \$ _____

Total \$ _____

Payment Options

- ◆ Please return application with a non-refundable deposit of \$25 per session to secure a place for your child. Lower rate applies if paid in full by May 23.
- ◆ Make checks payable to the Eugene Waldorf School.
- ◆ The balance for all sessions is due the first day of the session.
- ◆ \$40 administrative fee for withdrawal after early payment.

(Over)

Child's full name: _____

Date of Birth: ___/___/___ M F

School: _____ Grade (Fall/08) _____

With whom does the child live? _____

Emergency Information (*must accompany your application*):

Parent/Guardian #1 Name: _____

Home Address: _____

Phone: _____ (home) _____ (work/cell)

Parent/Guardian #2 Name: _____

Home Address: _____

Phone: _____ (home) _____ (work/cell)

Local person, other than parents, to contact in an emergency:

Name: _____

Address: _____

Relationship: _____ Daytime phone: _____

Emergency Information: _____

(Attach additional sheet if necessary.)

I/WE AUTHORIZE THE PERSONNEL OF THE EUGENE WALDORF SCHOOL TO CALL AN AMBULANCE FOR OUR CHILD, TAKE HIM/HER TO AN AVAILABLE PHYSICIAN OR MEDICAL TREATMENT FACILITY, OR TO OBTAIN MEDICAL TREATMENT AT MY EXPENSE, IN CASE OF ANY SERIOUS ACCIDENT OR EMERGENCY DURING SCHOOL SPONSORED EVENTS.

Signature: _____ Date: _____

Special Considerations: _____

I GIVE PERMISSION FOR MY CHILD _____ TO GO ON WALKING TRIPS NEAR THE EUGENE WALDORF SCHOOL.

Signature: _____ Date: _____

I/WE AUTHORIZE THE PERSONNEL OF THE EUGENE WALDORF SCHOOL TO DISPENSE HOMEOPATHIC REMEDIES OR SALVES TO OUR CHILD. YES ___ NO ___

Signature: _____ Date: _____

Eugene Waldorf School
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