

**SUMMER GARDEN CAMP 2024**

(Incoming K4- Age 6, must be 4 by Sept 1<sup>st</sup> 2024)

Children entering Grade 1 should register for Summer Forest Camp)

Please complete a separate form for each child.



Previous PHWS camp attendee? Yes \_\_\_ No \_\_\_ Does your child nap? Yes \_\_\_ No \_\_\_ Potty trained? Yes \_\_\_ No \_\_\_

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ CELLPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ALLERGIES NO \_\_\_ YES \_\_\_ PLEASE DESCRIBE BELOW\*

SPECIAL NEEDS NO \_\_\_ 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 acknowledge and understand that my child needs to be daytime potty trained and that 2 or more bathroom accidents will lead to dismissal from camp without refund.

\_\_\_\_\_ I acknowledge and understand that my child needs to be able to follow instructions within a group setting and that continued disruptive behavior will lead to dismissal from camp without refund.

\_\_\_\_\_ 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 \***

**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.

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

<i>Weeks Attending</i>	<i>Dates</i>	<i>Theme</i>	<i>Half Day (8 – 12:00)</i>	<i>Full Day (8 – 4:00)</i>	<i>Total</i>
<input type="checkbox"/> Week 1	June 3 – 7	Habitats and Homes	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 2	June 10 – 14	Fairy Tales	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 3	June 17 – 21	Water Fun	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 4	June 24 – 28	Friendly Frogs	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 5	July 8 – 12	Fairies & Gnomes	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 6	July 15 – 19	Bugs & Butterflies	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 7	July 22 – 26	Music & Rhythm	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 8	July 29 – Aug 2	All The Feels	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<b>Subtotal:</b>					
			Multiple Week Discount per child	-10%	
<b>Subtotal:</b>					
<b>Total Due:</b>					
<i>*Pack a lunch and snack for your child for half program; and a lunch with 2 snacks for full day program.*</i>					

Mail registration form with payment to Prairie Hill Waldorf School, N14 W29143 Silvernail Rd. Pewaukee, WI 53072 OR email form with credit card payment (4% fee applies) to: [admissions@prairiehillwaldorf.org](mailto:admissions@prairiehillwaldorf.org)

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 4% 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](mailto:admissions@prairiehillwaldorf.org)