

SUMMER GARDEN CAMP 2025

(Incoming K4- Age 6, must be 4 by Sept 1st 2025)

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 9 – 13	Habitats and Homes	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 2	June 16 – 20	Fairy Tales	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 3	June 23 – 27	Water Fun	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 4	July 7 – 11	Friendly Frogs	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 5	July 14 – 18	Fairies & Gnomes	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 6	July 21 – 25	Bugs & Butterflies	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 7	July 28 – Aug 1	Music & Rhythm	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
<input type="checkbox"/> Week 8	Aug 4 – 8	All The Feels	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
Subtotal:					
			Multiple Week Discount per child	-10%	
Subtotal:					
Total Due:					
<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

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