

SUMMER FOREST CAMP 2026

Registration Form

(For Incoming Grades 1 - 4)

Please complete a separate form for each child.



Previous PHWS Summer Garden attendee? 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 Forest Camp.

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 _____

PHONE _____

2. NAME _____ RELATIONSHIP _____

PHONE _____

RELEASES

Please write your initials to acknowledge your agreement with the following:

_____ 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 with no 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

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

SUMMER FOREST 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 _____

Weeks Attending	Dates	Theme	Half Day (8 – 12:00)	Full Day (8 – 4:00)	Total
<input type="checkbox"/> Week 1	June 8 – 12		<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	
<input type="checkbox"/> Week 2	June 15 – 19		<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	
<input type="checkbox"/> Week 3	June 22 – 26		<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	
<input type="checkbox"/> Week 4	July 6 – 10		<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	
<input type="checkbox"/> Week 5	July 13 – 17		<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	
<input type="checkbox"/> Week 6	July 20 – 24		<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	
<input type="checkbox"/> Week 7	July 27 – July 31		<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	
<input type="checkbox"/> Week 8	Aug 3 – 7		<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	
Subtotal:					
Multiple Week or Multiple Child Discount				-10%	
Subtotal:					
Pack a lunch and snack for your child for half day program; and a lunch with 2 snacks for full day program.			Total Due:		

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

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