



Summer Camp Registration Form

2018

Please submit a separate form for each child

Child's First Name	Child's Last Name	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
Health Card Number		Date of Birth MM/ DD/ YYYY

Please list any health concerns. We are an allergen-free school. Please list special instructions:

Program Hours	Program Dates	
<input type="checkbox"/> Half day: 9:00am - 12:00pm <input type="checkbox"/> Full day: 9:00am - 4:00pm <input type="checkbox"/> Extended day: 8:30am - 5:30pm <i>Program includes am/pm snack.</i> Please pack a lunch and outdoor clothing to accommodate weather.	Junior Camp (4-6 yrs) <input type="checkbox"/> Week 1: June 18 - 22 Gardens <input type="checkbox"/> Week 2: June 25 - 29 Strawberry <input type="checkbox"/> Week 3: July 3 - 6 Campout <i>(4-day week, Canada Day holiday Monday)</i> <input type="checkbox"/> Week 4: July 09 - 13 Wool <input type="checkbox"/> Week 5: July 16 - 20 France <input type="checkbox"/> Week 6: July 23 - 27 Wood <input type="checkbox"/> Week 7: July 30 - Aug. 3 Sun & Water <input type="checkbox"/> Week 8: Aug. 7 - 10 Castles & Dragons <i>(4-day week, August civic holiday)</i> <input type="checkbox"/> Week 9: Aug. 13 - 17 Italia	Senior Camp (7-12 yrs) <input type="checkbox"/> Week 1: June 18 - 22 <input type="checkbox"/> Week 2: June 25 - 29

Registration Deadline May 31st, 2018

5% discount if you register by May 13th & 10% discount if you register for all 9 JR Camps

Space is limited, register early to avoid disappointment. No refunds for withdrawals or missed days.

Costs	Payment Methods & Terms
Half day - \$200 (5-day), \$160 (4 -day wks 3 & 8) Full day - \$325 (5-day), \$260 (4-day; wks 3 & 8) Extended care - \$375 (5-day), \$300 (4-day; wks 3 & 8)	We accept cheques (preferred), VISA and MasterCard. Please make cheques payable to: Waldorf Academy Payment in full is due with form

Name of Parent or Guardian	
Email	Full Mailing Address with Postal Code
Primary Telephone Number	Emergency Contact Name
Secondary Telephone Number	Emergency Contact Phone Number

CHQ Visa MasterCard: _____

Expiry Date: ____/____/____ CV Number (3 digits at back of card): _____

Signature: _____