

2011 EMERGENCY INFORMATION

Child's Full Name _____

Parent Name _____

Cell Phone _____ Email _____

Work Phone _____ Home Phone _____

Parent Name _____

Cell Phone _____ Email _____

Work Phone _____ Home Phone _____

In case of illness or emergency and a parent cannot be reached, please list the name, relationship to family and phone numbers of two responsible, local parties to be called:

Name _____ Relationship _____

Daytime Phone _____ Email _____

Name _____ Relationship _____

Daytime Phone _____ Email _____

Information the camp director should know; please include allergies & medical conditions. *(Use additional paper if necessary.)* _____

Please indicate action desired in the event of an accident or emergency: *(Check applicable box)*

- I/we, the undersigned parent(s) or legal guardian of _____, a minor, do hereby give authorization and consent to the School to obtain emergency medical care and necessary transportation, including x-ray examination, anesthetic, medical or surgical diagnosis and emergency hospitalization which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provision of the Medical Practice Act and the State of California Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but that any of the above treatments will not be withheld if the undersigned or authorized adult(s) cannot be reached. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

Please indicate below any factor that the doctor should be aware of in treating the student *(allergies, medical conditions, etc.)* _____

- I do not choose the above statement and desire the following action: _____

I/we further acknowledge full responsibility for, and agree to defend, indemnify and hold harmless, the Sacramento Waldorf School and its employees, trustees and agents from, any and all claims, demands, lawsuits, causes of action, penalties, liability, damages and/or expenses in connection with such medical treatment.

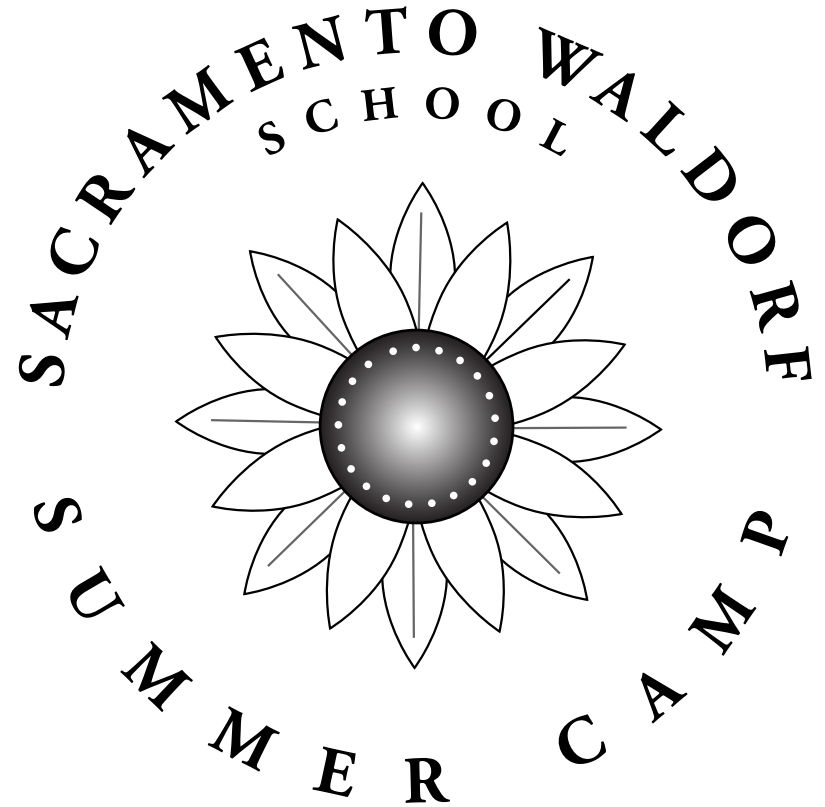
Parent Signature _____ Date _____ Parent Signature _____ Date _____

Student Residence Address _____

Residence Phone _____ Physician _____

Daytime Phone - Parent _____ Insurance Co. _____

Daytime Phone - Parent _____ Policy No. _____



Camp Hours: 8:00 a.m. to 2:00 p.m. Extended Care Hours: 2:00 p.m. to 6:00 p.m.
 Each two-week session: \$350

BUSY BEES

Entering K-1st

Making a Difference

SESSION I June 27-July 8
 (No camp July 4th)

Lady summer brings gifts of warmth and sun to children, plants and everyone. This session will be full of wonderful stories of good deeds, loving care for our surroundings and the joy of making crafts and gifts to bring to the ones we love.

EXPLORERS

Entering 2nd-3rd

In the spirit of giving, explorers will find good deeds to do each day; they will create beautiful crafts and gifts, learn about how our local community gives to us and take a field trip to spread the good deeds around. This group will also be able to enjoy some simple gymnastics.

ARTISANS

Entering 4th-6th

ELECTIVE 1 Building Project Working together, we will build a project for all to enjoy.

ELECTIVE 2 Cooking This group will enjoy cooking lunch for the other campers.

ELECTIVE 3 Gymnastics Lucky us! We have our wonderful gymnastics teacher for four weeks this year.

Movin' and Groovin'

SESSION II July 11-22

What do you see moving? I see a bird flying, a squirrel scampering and my friend running. We will explore the world around us that's in constant motion. We will make a joyful noise with fun songs, new games, crafts and play.

Come sing songs, play games and tumble around. In this session, we will have a gymnastics teacher help us with some simple tumbles and tricks. We will make crafts that make noise, hear stories, learn songs and challenge our bodies.

ELECTIVE 1 Gymnastics and Games Come challenge your body and mind with our skilled gymnastics teacher.

ELECTIVE 2 Juggle, hoop and spin Come learn to juggle, make your own hula hoop and learn the art of poi.

ELECTIVE 3 Move your hands and sculpt that clay. Create a clay piece that will represent you; fire it and bring it home.

King Arthur's Court

SESSION III July 25- Aug 5

Come ye Kings and Queens of the realm, Knights and Princesses of the royal court. In this session, we will sew crowns, put on a show and wow the court with magical tales of wonder.

Hear ye, hear ye...Come lords and ladies of the court...come Jesters, come Knights, Kings and Queens, hear stories of bravery, truth and valor, put together a performance for the court, make a shield of your realm.

ELECTIVE 1 Drama Put together a performance fit for a King.

ELECTIVE 2 Dance

ELECTIVE 3 Set Building

Please return this completed registration and emergency form along with payment to:

SWS Summer Camp
 Sacramento Waldorf School
 3750 Bannister Road
 Fair Oaks, CA 95628

For more information:
 (916) 961-3900

First child's full name _____

Date of birth ____/____/____ Entering grade _____

School _____

SWS Summer Camp Age Group: Busy Bees Explorers Artisans

SWS Summer Camp Session(s): Making a Difference June 27 to July 8 Movin' & Groovin' July 11 to July 22 King Arthur's Court July 25 to Aug 5

Second child's full name _____

Date of birth ____/____/____ Entering grade _____

School _____

SWS Summer Camp Age Group: Busy Bees Explorers Artisans

SWS Summer Camp Session(s): Making a Difference June 27 to July 8 Movin' & Groovin' July 11 to July 22 King Arthur's Court July 25 to Aug 5

I will need extended care for my child(ren) until ____ p.m. at \$5 per hour.
 Extended care available between 2:00 p.m. and 6:00 p.m. and will be billed separately.

PAYMENT

Full payment is due one week before starting date. Fee is payable by **cash, check, credit card** (2.5% convenience fee added) or **automatic withdrawal** (attach a voided check). Once the session begins, tuition is non-refundable.

Person responsible for payment _____

Address _____

City/State/Zip _____

Phone (____) _____ Email _____

Child One: Number of sessions: _____ @ \$350 per session = \$ _____

Child Two: Number of sessions: _____ @ \$350 per session = \$ _____

Total Due \$ _____

Amount Enclosed \$ _____

Check Please make payable to "Sacramento Waldorf School" Credit Card

MC Visa Card # _____ Exp (mm/yyyy) _____

Name on card _____ Signature _____