



Registration for Summer Camp

Child's Full Name: _____
First Middle Last [Nickname]

Gender Identification: _____ Age: _____ Birth date: _____

Home address: _____ Zip: _____ Phone: _____

How did you hear about RWS Summer Camp/Summergarden? (please circle one)

Current RWS Family Friend/Family Facebook Website Print Ad Other (please indicate) _____

Parent/Guardian I: _____ Parent/Guardian II: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Mailing address: _____ Mailing address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Home phone: _____

Cell phone: _____ Cell phone: _____

Email _____ Email _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business phone: _____ Business phone: _____

Please indicate which program you are enrolling your child:

- Summer Garden (age 3 to 6)
- Summer Camp for Grades (rising 1st through 4th grade)
- Clinic or Intensive Session (rising 5th - 8th grade)

Week	Dates	Choose a session (must be same time each week)
Week 1	June 18 - 22	<input type="checkbox"/> 8:00 - 12:30 <input type="checkbox"/> 8:00 - 3:30 <input type="checkbox"/> 8:00 - 5:30 <input type="checkbox"/> 1:00 - 5:30 (grades camp only)
Week 2	June 25 - 29	<input type="checkbox"/> 8:00 - 12:30 <input type="checkbox"/> 8:00 - 3:30 <input type="checkbox"/> 8:00 - 5:30 <input type="checkbox"/> 1:00 - 5:30 (grades camp only)
Week 3	July 1 - 6 (Closed July 4)	<input type="checkbox"/> 8:00 - 12:30 <input type="checkbox"/> 8:00 - 3:30 <input type="checkbox"/> 8:00 - 5:30 <input type="checkbox"/> 1:00 - 5:30 (grades camp only)
Week 4	July 9 - 13	<input type="checkbox"/> 8:00 - 12:30 <input type="checkbox"/> 8:00 - 3:30 <input type="checkbox"/> 8:00 - 5:30 <input type="checkbox"/> 1:00 - 5:30 (grades camp only)
Week 5	July 16 - 20	<input type="checkbox"/> 8:00 - 12:30 <input type="checkbox"/> 8:00 - 3:30 <input type="checkbox"/> 8:00 - 5:30 <input type="checkbox"/> 1:00 - 5:30 (grades camp only)
Week 6	July 23 - 27	<input type="checkbox"/> 8:00 - 12:30 <input type="checkbox"/> 8:00 - 3:30 <input type="checkbox"/> 8:00 - 5:30 <input type="checkbox"/> 1:00 - 5:30 (grades camp only)
Week 7	July 30 - August 3	<input type="checkbox"/> 8:00 - 12:30 <input type="checkbox"/> 8:00 - 3:30 <input type="checkbox"/> 8:00 - 5:30 <input type="checkbox"/> 1:00 - 5:30 (grades camp only)
Week 8	August 6 - 10	<input type="checkbox"/> 8:00 - 12:30 <input type="checkbox"/> 8:00 - 3:30 <input type="checkbox"/> 8:00 - 5:30 <input type="checkbox"/> 1:00 - 5:30 (grades camp only)
Week 9	August 13 - 17	<input type="checkbox"/> 8:00 - 12:30 <input type="checkbox"/> 8:00 - 3:30 <input type="checkbox"/> 8:00 - 5:30 <input type="checkbox"/> 1:00 - 5:30 (grades camp only)

Describe your child's health in general: _____

Please list any major illnesses, childhood diseases, accidents, current medications, etc.: _____

Does your child have any allergies? _____

To help us better serve the needs of your child, please detail any conditions, challenges, disabilities, and/or learning differences your child has: _____

What are you hoping for in the Summer Camp program at Richmond Waldorf School? _____

Do you have further comments or questions? _____

Signature of Parent/Guardian I _____ Date _____

Signature of Parent/Guardian II _____ Date _____

Full disclosure is required. Incomplete registration forms will be returned. This form must be returned within 5 business days of beginning the program. Richmond Waldorf School admits students of any race, color, national and ethnic origin, or religion.

Office Use Only:
Date Application Received:
Date Deposit Received:
Date Full Tuition Paid:
Authorized by: