

# VANCOUVER WALDORF SCHOOL SUMMER PROGRAMS 2022

## Registration Form

### PRESCHOOL CARE

### JUNIOR CAMP

#### 3 1/2 - 5 years Preschool care (Please ✓)

June 20– June 24       July 11 - July 15   
 \*June 27 - June 30       July 18 - July 22   
 July 4 - July 8       July 25 - July 29

**Cost of Preschool Daycare (weekly) is \$250.**

**Hours are 9:00am - 12:00pm. Snacks included.**

**\*Please note July 1 is a holiday.**

**Payment for this week only is \$200.**

We are a nut free school.

#### 6-8 years Junior Summer Camp (Please ✓)

June 20– June 24       July 11 - July 15   
 \*June 27 - June 30       July 18 - July 22   
 July 4 - July 8       July 25 - July 29

**Cost of Junior Summer Camp (weekly) is \$400.**

**Hours are 9:00am - 3:00pm.**

**\*Please note July 1 is a holiday. Payment for this week only is \$320.**

Please bring your water bottle. Food included.

We are a nut free school.

### SENIOR SUMMER CAMP

#### 9-13 years Senior Summer Camp (Please ✓)

June 20– June 24       July 11 - July 15   
 \*June 27 - June 30       July 18- July 22   
 July 4 - July 8       July 25 - July 29

**Cost of Senior Summer Camp (weekly) is \$400. Hours are 9:00am - 3:00pm.**

**\*Please note July 1 is a holiday. Payment for this week only is \$320.**

Please bring your water bottle. Food included. We are a nut free school.

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M  F  Other  Pronoun \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Attends which School? \_\_\_\_\_ Grade: \_\_\_\_\_

### Health Information

Personal Health Number: \_\_\_\_\_ Does your child have allergies? Seasonal  Food  Drugs  Insect

Other  If yes, please explain: \_\_\_\_\_

**Please include a copy of your child's immunization record unless currently in VWS student records.**

Does your child require an epi-pen or medication? If so, please explain \_\_\_\_\_

Does your child have any allergies, medical or behavioural conditions that we should be aware of? If yes, please explain. \_\_\_\_\_

### Contacts

Last Name: \_\_\_\_\_ First Name : \_\_\_\_\_ M  F  Other , Pronoun \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Alternate Emergency Pick-up

Alternate Contact #1 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Contact #2 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# Program Agreement

## Photo and Video Consent, Assignment and Release

For purposes of marketing, advertising, promotional and/or communication purposes, the Vancouver Waldorf School may take photographs and/or video recordings of the VWS based activities or events that include real people, which photographs and video recordings will be placed in the VWS Photo Bank and which may be used by the VWS only. By signing this agreement, you are consenting to the taking of photograph and/or video recordings of your child for VWS purposes.

Yes  No

**Please sign below.**

## Assumption of Risk and Indemnifying Release

While VWS staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's participation in the VWS Summer Program, I hereby acknowledge that I and/or my child if I am registering on his/her behalf, the Registrant may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided a complete and accurate health history and hereby permit the Registrant to participate in the full range of the Program activities, except as specifically noted by me in the health information section of the Program registration. In consideration for the Registrants opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge the VWS and employees and representatives from any and all other actions, caused of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in the Program.

Yes  No

**Please sign below.**

## Medical Emergencies

In the event of an accident, injury or illness involving the Registrant, and immediate contact by the VWS with a designated contact cannot be made, I hereby authorize and grant permission to VWS to secure proper medical treatment and authorize on the Registrants behalf all procedures, including , without limitation, admission to an emergency unit and ordering treatment as deemed necessary by the attending medical professional(s). I agree to not hold the VWS responsible for any costs or injury arising out of an emergency situation.

Our school's first-aid kit is stocked with homeopathic remedies which we use in situations such as sprains, twists, cuts, bruises, stings, headaches and tummy aches. If you would like more information, in general or about our specific use of remedies, we will be glad to provide you with details. We are hereby requesting your permission to administer these remedies to your children.

Yes  No

**Please sign below.**

## Registration Agreement

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the Photo/Video Consent, Assumption of Risk and Indemnifying Release, Medical Emergencies and Homeopathic Remedies Consent.

Date: \_\_\_\_\_ Camper Name: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_

**Cancellation Policy:** Registration Camp/Care fees will be refunded up to one week before the registered Camp/Care program.

**Administration Use Only:** Total Amount Paid: \_\_\_\_\_ cheque  card  cash