



2023 Summer Program Registration Form

Preschool Care (Please ✓)

June 26 - June 30 July 17- July 21
*July 4 - July 7 July 24 - July 28
July 10 - July 14

Ages: 3.5 - 5 years
Hours: 9:00 am - 12:00 pm
Rate: \$200/week
*Please note July 3 is a holiday. Payment for this week only is \$160.
Snacks included. We are a nut free school.

Junior Summer Camp (Please ✓)

June 26 - June 30 July 17- July 21
*July 4 - July 7 July 24 - July 28
July 10 - July 14

Ages: 6 - 8 years
Hours: 9:00 am - 3:00 pm.
Rate: \$390/week
*\$312/week, shortened week due to holiday.
Please bring water bottle and packed lunch.
Snacks included. We are a nut free school.

Senior Summer Camp (Please ✓)

June 26 - June 30 July 17- July 21
*July 4 - July 7 July 24 - July 28
July 10 - July 14

Ages: 9 - 13 years
Hours: 9:00 am - 3:00 pm.
Rate: \$390/week
*\$312/week, shortened week due to holiday.
Please bring water bottle and packed lunch.
Snacks included. We are a nut free school.

Camper 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: _____

Does your child require an epi-pen or medication? Y N

If yes, please explain: _____

Does your child have any allergies, medical or behavioral conditions that we should be aware of? Y N

If yes, please explain: _____

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

Parent/Guardian Information

Last Name: _____ First Name: _____ M F Other Pronoun _____
Address: _____
Primary Phone: _____ 2nd Phone: _____ Email: _____
Secondary Contact: _____ Primary Phone: _____

Alternate Emergency Contact/Pick-up

Alternate Contact #1 Name: _____ Primary Phone: _____
Alternate Contact #2 Name: _____ Primary Phone: _____

Summer Program Registration Agreement

Media Consent, Assignment, and Release

The Vancouver Waldorf School may take photographs and/or video recordings for marketing, advertising, promotional and/or communication purposes. Photographs and/or video recordings may be taken during VWS summer programs that include real people and will be placed in the VWS Photo Library, which may be accessed and used by VWS staff only.

By signing this agreement, you consent to VWS taking photographs and/or video recordings of your child.

Y N

Please sign: _____

Assumption of Risk and Indemnifying Release

I acknowledge that participation in the Vancouver Waldorf School summer programs involves certain risks, including but not limited to physical injury or illness. In this regard, I agree that I have provided a complete and accurate health history and hereby permit my child 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. I assume all risks associated with my child's participation and hereby release and indemnify the Vancouver Waldorf School, its directors, officers, employees, and agents from any liability for such injury or illness, 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 VWS Summer Program.

Y N

Please sign: _____

Medical Emergencies and Homeopathic Remedies Consent

In the event of a medical emergency, I authorize the Vancouver Waldorf School staff to seek medical treatment for my child as deemed necessary. I understand that the staff may administer first aid, call 911, or use homeopathic remedies as appropriate. Homeopathic remedies, may be used in situations such as sprains, twists, cuts, bruises, stings, headaches, and tummy aches. I have provided any necessary medical information about my child, including allergies or medical conditions, to the staff. I agree to not hold the VWS responsible for any costs or injury arising out of an emergency situation.

Y N

Please sign: _____

Registration/Fee Agreement

By signing my name, I acknowledge that I have carefully read and understand the Media Consent, Assignment, and Release; Assumption of Risk and Indemnifying Release; and Medical Emergencies and Homeopathic Remedies Consent on behalf of my child.

Camper Name: _____

Name of parent or guardian: _____

Parent or guardian signature: _____

Date: _____

Fees payable to accounting@vws.ca

Cancellation Policy:

VWS Summer Program registration fees will be refunded less a \$50 administration fee if cancellation is made at least one week prior to the start of the registered Camp/Care program. Changes are accommodated at no cost, subject to space availability. No refunds will be given for cancellations made less than one week before the start of the registered

Administration Use Only: Total Amount Paid: _____ cheque card cash online