

Minnesota Waldorf School

70 EAST COUNTY RD B, ST. PAUL, MN 55117
651-487-6700



SUMMER DAY CAMP 2010

Meet Our Lead Counselor

Ann Fisher has been an assistant in Miss Eileen's Kindergarten for the past 2 years and is completing her Master's degree in Special Education.

Children should bring:

- a hearty snack and lunch
 - indoor shoes
 - sun protection (hats, sunscreen or long sleeves, etc.)
 - a water bottle
 - a pillow and blanket
 - sturdy shoes for outdoors
- *****

Rain gear will be necessary in inclement weather!

MWS Day Camp For Ages 5 – 9 (Pre-K to 4th)

8:30 am to 3:30 pm

\$200 per week/1st child

\$150 per week/per each additional child

***Daily Option: \$40/day,
\$30/per each additional child***

Drop-In Option: \$40/day

Camp counselors lead children through a day of play and work, story and song, rest and movement as we experience and celebrate the bounty of summer! Children should bring their own snacks and lunches.

Extended Day \$5/hour

BeforeCare 8–8:30 am

AfterCare 3:30–5:30 pm

\$5/hour Drop-In

\$4/hour if Pre-Registered

Weeks Available

June 14 – 18

June 21 - 25

June 28 – July 2

July 5 – 9

July 12 - 16

July 19 - 23

July 26 - 30

August 2 - 6

August 9 – 13

August 16 - 20

August 23 – 27

August 30 – Sept 3

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**Enrollment is complete when we receive:
First Week's Payment
Completed Emergency Form
Signed Registration Form**

Registration for MWS Summer Camp 2010

Child's Name:		Gender: M F	Age: Grade Fall 10:
Address:			
Home Phone:		Email:	
Contact Name:		Relationship:	
Phone Numbers:			
Contact Name:		Relationship:	
Phone Numbers:			
Child's School (if not MWS):			
Please check the sessions for which you are registering:			
	June 14 – 18	\$175 or \$125	
	June 21 - 25	\$175 or \$125	
	June 28 – July 2	\$175 or \$125	
	July 5 – 9	\$175 or \$125	
	July 12 - 16	\$175 or \$125	
	July 19 - 23	\$175 or \$125	
	July 26 - 30	\$175 or \$125	
	August 2 - 6	\$175 or \$125	
	August 9 – 13	\$175 or \$125	
	August 16 - 20	\$175 or \$125	
	August 23 - 27	\$175 or \$125	
	August 30 – September 3	\$175 or \$125	
<input type="checkbox"/> Daily Option	Dates:	_____ days x \$35/day	
<input type="checkbox"/> Pre-Registered Extended Care (see form attached)		_____ hours x \$4/hour	
Parent/Guardian Signature:		TOTAL:	

Minnesota Waldorf School 2010 Summer Camp Extended Care Registration

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Parent/Legal Guardian's Name Phone (Day) Phone (Eve.) (cell/pager)

Parent/Legal Guardian's Name Phone (Day) Phone (Eve.) (cell/pager)

Names of persons other than parents who are authorized to pick up your child:

Children will not be released to anyone not recognized by the staff without picture identification.

Registration: schedule applies to all children listed above

*You will be billed \$4.00 per hour for ALL registered extended care, whether or not your child attends.
Drop-in care is available at \$5.00 per hour, billed as used.*

Please check all options you are registering for:

Beforecare: _____ AM **Beforecare Days:** MON TUE WED THU FRI
Drop-off time *Circle days*

Aftercare: _____ PM **Aftercare Days:** MON TUE WED THU FRI
Pick-up time *Circle days*

Drop-in: Let us know in the morning or call by 3:00 PM on day needed

By signing below you agree to the terms of the Minnesota Waldorf School 2010 Summer Camp Extended Care Program described on this registration form:

Parent/Guardian signature _____ Date _____

Minnesota Waldorf School Summer Camp Emergency and Health Information

Student's Name: _____
Last First Middle

Date of Birth _____ Grade _____ Home Phone _____

Address _____
Street City Zip

Parent or Legal Guardian Names:

Cell Phone _____ Place of Employment _____ Occupation _____ Phone at Work _____
Email _____

Cell Phone _____ Place of Employment _____ Occupation _____ Phone at Work _____
Email _____

Physician _____ Phone _____

Preferred Hospital _____

Health Information

Parent's Statement: I accept responsibility for notifying the school of any changes of home or business address or phone number. In the event of serious illness or accident and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain in school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed below be contacted to care for my child until I can be reached. These persons have permission to transport my child.

Date _____ Signature of Parent or Guardian _____

MUST BE FILLED OUT – Persons who will care for student in case parent/guardian cannot be reached:

Name _____ Relationship _____ Work Phone _____ Home Ph _____

Name _____ Relationship _____ Work Phone _____ Home Ph _____

Name _____ Relationship _____ Work Phone _____ Home Ph _____

Please check if student has a current problem with any of the following and note any medication student is taking:

Allergies: Food/Latex/Insect/Environmental Specify _____ Treatment _____

Asthma _____ Medication _____

Seizures _____ Medication _____

Any other condition requiring observation:

Are your child's allergies life threatening?