

Vancouver Waldorf School Summer Program 2020

Registration Form

Cost of Program

Cost of Preschool Daycare is \$30 (daily) for 2 or 3 days, \$25 (daily) for 5 days. Snacks included.

Cost of Summer Program (weekly) is \$350, 10% discount for 2nd child, 20% discount for 3rd child.

Booking/cancellation: accepted until 12:00pm Friday 1 week before planned attendance (min. 10 days in advance).

Preschool Daycare (Please ✓)

	M-W	Th-Fr	M-F
June 22– June 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 29 - July 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 6 - July 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 13 - July 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 20 - July 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 27 - July 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6-12 years Summer Program (Please ✓)

June 22– June 26	<input type="checkbox"/>	July 20 - July 24	<input type="checkbox"/>
June 29 - July 3	<input type="checkbox"/>	July 27 - July 31	<input type="checkbox"/>
July 6 - July 10	<input type="checkbox"/>		
July 13 - July 17	<input type="checkbox"/>		

Please bring your own snacks, lunch and water bottle. 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 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: _____

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