



2020 Summer Camp Registration Form

Ashwood Waldorf School 180 Park St., Rockport, Maine

COMPLETE ONE FORM PER CHILD

Camper Name: _____ Date of Birth: _____

Gender: Female Male Self-Describe: _____ School: _____ Grade Entering: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ (cell) _____ (work) _____

Email: _____ Please send me a confirmation email

How did you hear about us? We are a current Ashwood family Parent Referral

Facebook/Twitter/Instagram Other: _____

CAMP SESSIONS

	August 10 - 14 9 a.m.- Noon	Forest Camp for Ages 5 through 7 with Elizabeth Doshi	\$150 +\$10 materials
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PAYMENT

Please include check payable to Ashwood Waldorf School Total = _____

Cancellations with full refund will be accepted up to one month prior to the start of the session. Cancellations made less than one month prior to start of session cannot be refunded.

Please complete both sides of this application

PLEASE MAIL OR DROP OFF REGISTRATION FORM WITH PAYMENT AT: ASHWOOD WALDORF SCHOOL, 180 PARK ST., ROCKPORT, ME 04856 OR FAX TO 207-230-2423. YOU CAN ALSO EMAIL IT TO SEWING@ASHWOODWALDORF.ORG.

AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

Pick-up List

Anyone picking up a camper must be listed below.

Parent/Guardian Name: _____ Employer: _____ Phone: _____

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List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: _____ Hospital Affiliation: _____

Address: _____ Phone: _____

Medical Insurance Provider: _____ Policy and/or Group #: _____

Allergies and Medications

Known Allergies: _____

Does your child need to take medication(s) during camp (circle one)? Yes No

If your child requires medication, please specify: _____

A permission to Administer Medications form must be completed and given to the school office on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, hearing, food allergies, etc.) please contact the school office at 207-236-8021.

Permissions

Sunscreen: I give permission for sunscreen to be administered and/or applied to my child as deemed necessary by the camp staff.

Lost or Stolen Items: Campers are asked to leave any valuables and electronics at home. Ashwood Waldorf School and its employees are not responsible for lost or stolen items.

Photographs: I give my permission for my child's photograph or video to be taken for use by Ashwood Waldorf School in program brochures, annual report, website, social media sites and other promotional materials and for release to local newspapers.

Parent/Guardian Signature: _____ Date: _____