



Registration for Summer Camp 2018

BAC Summer Camp will be held at the Waldorf School of Orange County



Monday -Thursday
9AM- 3 PM grades 1-5
Includes snacks, crafts, art, songs and fun
\$300 per week per child
Minimum of 6 students per week

Child's Name _____ Age _____
 Address _____
 Home Phone _____
 Parent/Guardian 1 Name _____
 Daytime phone _____ Cell Phone _____
 Parent/Guardian 2 _____
 Daytime phone _____ Cell Phone _____



Week Attending:

- | | | |
|-----------------------|-------|------------------------------|
| Week 1: June 18-21 | _____ | Flowers, Fairies and Gardens |
| Week 2: July 16-19 | _____ | Summer Fun |
| Week 3: July 23-26 | _____ | Bugs, Insects and More |
| Week 4: July 30-Aug 2 | _____ | Pioneer Days |
| Week 5: Aug 13-16 | _____ | Down By the Sea |



Non-Refundable Deposit of \$50/week is due at time of registration

Total Weeks _____ x \$300/week= _____
 (minus) Deposit Total Weeks _____ x50/week= _____
 Total due before June 18 _____

Make check out to Waldorf School of Orange County

Send payment to: Waldorf School of Orange County
2350 Canyon Dr. Costa Mesa, CA 92627

Contact Ms e ejarvis@waldorfschool.com for more information
Minimum 6 Campers Maximum 36



Emergency Contact Name _____
Relation _____ Phone _____
Medical Insurance Carrier _____
Group Number _____ ID Number _____
Allergies/Medical Condition (Food, Medical, Other) Please List Allergy, describe
reaction and management of reaction

First Aid Treatment Consent

I hereby grant permission to the providers of the Waldorf School of Orange County
Summer Program to administer general First Aid on and emergency basis
Homeopathic remedies _____yes _____no
Parent/Guardian _____ Date _____
Signature _____

Emergency Consent Form

To protect your child in the case of a medical emergency if you are not available to
give formal consent to medical authorities.
I/we authorize WSOC Summer Program Staff to give consent for all medical
treatment that may be required for our child during our absence June-Aug 2018.
Child's name _____ Date _____
Signed Parent /Guardian _____

Field Trip Consent

I grant permission for the applicant to participate in all planned camp activities. I
agree that in the event my child is injured as a result of his or her participation in the
WSOC Summer Program activities, including transportation to and from such
activity, and resulting hospital medical or related costs will first be paid by my
accident, medical or any benefit plan. Any school insurance will be applied
secondarily.
Signature _____ Date _____