



The Waldorf School of St. Louis

A Developing Waldorf SchoolSM

Summer Camp Registration 2017

Please complete and return to The Waldorf School of St Louis – 915 North Elm Avenue, Webster Groves, MO 63119

Full payment is due with registration. Class sizes are limited, so don't delay!

Deadline for registration is May 24, 2017. Late registration accepted as space permits.

Fiddle & Bluegrass Camp: ~ Teacher – Kathy, Week of August 22-25

Rising Grade Four through Rising Grade Eight 8:30 a.m. – 2:00 p.m. **Cost - \$140**

Fiber Fun Camp: ~ Teacher – Theresa, Week of July 10-14

Rising Grade One through Rising Grade Three 9:00 a.m. – 1:00 p.m. **Cost - \$150**

Fort Building Camp: ~ Teacher – Theresa, Week of July 17-21

Rising Grade Three through Rising Grade Six 9:00 a.m. – 1:00 p.m. **Cost - \$150**

Woodworking Camp: ~ Teacher – Theresa, Week of July 31-August 4

Rising Grade Four through Rising Grade Eight 9:00 a.m. – 1:00 p.m. **Cost - \$150**

Payment Received:	Date:
_____ Cash _____ Check _____ Charge	
Credit Card# _____	
Expiration: _____	Amount: _____

Enrollment Information

Student's Full Legal Name _____ Birthdate _____

Child is Male Female Child likes to be called _____

Additional Siblings

Student's Full Legal Name _____ Birthdate _____

Child is Male Female Child likes to be called _____

Student's Full Legal Name _____ Birthdate _____

Child is Male Female Child likes to be called _____

Parent or Guardian(s)

Name(s)

Family Address

City, State, Zip

Home Phone _____ ; _____

Cell Phone(s) _____ ; _____

Work Phone(s) _____ ; _____

Email(s) _____ ; _____

Emergency Contact Information

If unable to reach the above Parent/Guardian, please contact:

Name _____ Relationship: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Child's Doctor: _____ Phone: (_____) _____

Does your child take any medications on a regular basis: Yes _____ No _____

If Yes, please list: _____

List any medical conditions, allergies, or any additional pertinent background information.

I agree that The Waldorf School of St Louis may authorize the physician of its choice to provide emergency care in the event that neither the emergency contacts nor I can be reached. I agree that any hospital may be used as is needed or available. I understand that I will be responsible for such emergency services.

The school reserves the right to cancel a class for insufficient registration. Registrants of canceled classes will receive a full refund.

I agree to the conditions of the camp outlined in the brochure and understand that no refunds will be made after June 5, 2017, except in the event of a cancellation.

Parent/Guardian Signature

Date