



REGISTRATION FORM – Summer Nature Camp 2019

Camp will run June 18 – June 20, 2019.

Registration fee of _____ \$100 (current student) _____ \$120 (guest) per child, for a total of \$_____.

Child's name _____ Age _____ Birth date _____

Child's name _____ Age _____ Birth date _____

Parent or Guardian's name _____

Address _____

Phone _____

Email _____

EMERGENCY CONTACT

1) _____ Relationship to child _____

2) _____ Relationship to child _____

SUMMER NATURE CAMP PROGRAM

3-day program, Tuesday – Thursday, June 18, 2019 – June 20, 2019

_____ Half day (9:00 a.m. – 12:00 p.m.)

All programs and schedules are subject to enrollment and may be modified at the discretion of the school.

Things to bring:

Since the camp is primarily outdoors, it is crucial your child(ren) come prepared for the spent time here. Things to bring each day are a water bottle, sunscreen, insect repellent, extra set of clothes, sun hat and comfortable/breathable shoes. Please understand that we will be getting dirty, going on walks and potentially getting wet each day, so be certain your child is clothed appropriately and that the extra set of clothes are accommodating. If you have any questions on specific items, please don't hesitate to ask.

Food Information:

Please know that a healthy snack will be provided for you child(ren) each day and will vary. You do not need to pack any food for your child unless it is for the trip home. Please disclose any allergy information:

Riverwood Community School is a Washington state approved private school, a developing member of WECAN (Waldorf Early Childhood Association of North America), a 501(c)3 non-profit organization.

Currently accepting applications for school year 2019 - 20, early childhood through grade 7.



RELEASE FORM 2019

Statement of Liability Release

I, the undersigned, agree to the following:

We will not hold the Upper Columbia Association on behalf of Waldorf Education, Riverwood Community School, the teachers or volunteers responsible for any accident, illness or injury that occurs anywhere while my child is participating in this educational program. A representative of Riverwood Community School may contact my child's doctor, call 911, or transport my child to the nearest hospital or clinic to have my child treated for an emergency when a parent/guardian or emergency contact cannot be reached. We agree to pay such emergency fees if incurred.

Parent/Guardian signature _____ Date _____

Medical Release

Child's name _____

I authorize Upper Columbia Association on Behalf of Waldorf Education and Riverwood School to procure medical assistance in the event of an emergency for my child. All efforts will be made to contact the parents prior to administration of treatment. However, this may not always be possible, and parent(s)/guardian(s) will accept all expenses related to treatment.

Physician name _____ Phone _____

Physician address _____

Dentist name _____ Phone _____

Preferred hospital _____

Allergies/medical conditions _____

Authorized Pick-Up:

The following information gives the persons listed below your permission to pick up your child/children in the event that you are unable to pick them up. Your child/children will not be released to any individual not listed below without your written consent. Please request individuals who may be picking up your child/children that they may be asked to present a photo ID to staff.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Photography Permission

We have a website, Facebook page and marketing materials for the school. The sites and materials will be updated on a regular basis, and updates may include pictures taken during class time, which may include children in that class.

Children will never be identified by name in the pictures. Please select one option below.

_____ I DO give permission for my child to be photographed and published in RCS marketing materials and on the School's Facebook page and website.

_____ I DO give permission for my child to be photographed, but photos may not be published.

_____ I DO NOT give permission for my child to be photographed.

_____ Contact me before using photographs of my child.

Parent/Guardian signature _____ Date _____