

## Early Childhood Summer Camp 2011 ~ Application for Enrollment For Children ages 4.9 to those entering first grade

The Early Childhood Summer Camp at Waldorf School of the Peninsula is for children ages 4.9 to those entering first grade. **Each session is Monday through Friday, 8:30 am to 12:30/2:00 pm.** Extended Care is available 12:30-5:30 pm at \$8.00/hour. Please call aftercare at 650-948-6900 to update scheduled childcare. **Full payment for all sessions must be included with the application - no exceptions.** We will not issue refunds for sessions not attended due to changes in vacation plans, etc. We accept cash, checks (made payable to WSP), Visa and MasterCard. **Complete both pages of this application for each child attending camp,** and return as soon as possible to ensure enrollment. Applications may be faxed to 650-949-2494, or you can mail to: Waldorf School of the Peninsula-11311 Mora Drive, Los Altos CA 94024.

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age as of June 2011: \_\_\_\_\_  Girl  Boy

Parent/Guardian's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): *Home* \_\_\_\_\_ *Business* \_\_\_\_\_ *Cellular* \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): *Home* \_\_\_\_\_ *Business* \_\_\_\_\_ *Cellular* \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): *Home* \_\_\_\_\_ *Business* \_\_\_\_\_ *Cellular* \_\_\_\_\_

<b>Please check the weeks your child will attend summer camp and/or if extended care is needed.</b> <b>** Extended Care will be invoiced on a monthly basis**</b>		
<b>Session 1 – June 20 to 24</b> <input type="checkbox"/> Cooking Camp \$200 <input type="checkbox"/> Outdoor Camp \$275 <input type="checkbox"/> Plus Extended Care \$8/hr (12:30-5:30 pm) <input type="checkbox"/> Extended Care Only \$8/hr (12:30-5:30 pm)	<b>Session 2 – June 27 to July 1</b> <input type="checkbox"/> Cooking Camp \$200 <input type="checkbox"/> Plus Extended Care \$8/hr (12:30-5:30 pm) <input type="checkbox"/> Extended Care Only \$8/hr (12:30-5:30 pm)	<b>Session 3 – July 5 to 8</b> <input type="checkbox"/> Animal Camp \$160 <input type="checkbox"/> Plus Extended Care \$8/hr (12:30-5:30 pm) <input type="checkbox"/> Extended Care Only \$8/hr (12:30-5:30 pm)
<b>Session 4 – July 11 to July 15</b> <input type="checkbox"/> Animal Camp \$200 <input type="checkbox"/> Plus Extended Care \$8/hr (12:30-5:30 pm) <input type="checkbox"/> Extended Care Only \$8/hr (12:30-5:30 pm)	<b>Session 5 – July 18 to 22</b> <input type="checkbox"/> Crafts & Nature Camp \$200 <input type="checkbox"/> Plus Extended Care \$8/hr (12:30-5:30 pm) <input type="checkbox"/> Extended Care Only \$8/hr (12:30-5:30 pm)	<b>Session 6 – July 25 to July 29</b> <input type="checkbox"/> Crafts & Nature Camp \$200 <input type="checkbox"/> Plus Extended Care \$8/hr (12:30-5:30 pm) <input type="checkbox"/> Extended Care Only \$8/hr (12:30-5:30 pm)

Total # of Camps = \_\_\_\_\_ Total Camp Tuition = \_\_\_\_\_

Make checks payable to: Waldorf School of the Peninsula. Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_

If you are paying with a credit card (VISA or MasterCard), please complete the following:

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as it appears on card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Camper Information**

Is your child a Waldorf School of the Peninsula (WSP) student?  Yes  No

Is your child joining WSP next fall?  Yes  No

**Playgroup/Daycare/Kindergarten Experience**

Name of program/facility: \_\_\_\_\_ How long attended: \_\_\_\_\_

Number of children in your child's group: \_\_\_\_\_ Number of adults in your child's group: \_\_\_\_\_

How did you hear about our summer camp? \_\_\_\_\_

Will there be siblings in the WSP Camp? If so please list their names and last grade completed.

Brothers/Sisters: \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have friends who will be attending camp at the same time? If so, please list their names:

\_\_\_\_\_

**Nap or Quiet Time**

Does your child have a regular nap or quiet time? \_\_\_\_\_

If so, how often (for example – everyday or weekdays only) \_\_\_\_\_

What is the duration? \_\_\_\_\_

Do they sleep? \_\_\_\_\_

If your child has "quiet time", what is it like? (for example – they start with books, sing quietly to themselves, play quietly with toys)

\_\_\_\_\_

Do they end nap themselves or do you tell them when it is time to arise? \_\_\_\_\_

If they do not nap or have quiet time, at what age did they stop? \_\_\_\_\_

**Additional Information, including allergies to food or insects:**

\_\_\_\_\_

*Children must wear comfortable flat-soled shoes or sneakers (no raised heels or sandals) that fit well and are sturdy enough for participation in camp activities.*