

## 2011 SUMMER PROGRAM REGISTRATION

Please use a separate form for each child.  
 To reserve your child's place,  
 complete this form and submit with payment to:  
 Merriconeag Waldorf School, Summer Programs  
 57 Desert Road, Freeport, ME 04032

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M F  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Entering grade \_\_\_\_\_ Attended last year YES NO T-shirt size \_\_\_\_\_  
 How did you hear about our summer program? \_\_\_\_\_

Place CHECK (x) in table below for the summer camp programs (and also check extended day if requested)

Summer Program	Ages	Program Time	Tuition	Extended Day \$50/wk	Session I July 11-15	Session II July 18 -22	Session III July 25-29	Session IV August 15-19
Buttercup Summer Garden	Ages 3 ½ - 6	9 - noon	\$175		N/A			N/A
Summer Explorers Camp	Ages 6 -9 (Entering 1 - 3)	9 - noon	\$175		N/A			N/A
Beautiful Birds Summer Arts	Ages 9 - 12 (Entering 4 - 6)	9 - noon	\$175		N/A		N/A	N/A
Beautiful Birds Summer Arts	Ages 12 - 14 (Entering 6 - 8)	9 - noon	\$175		N/A	N/A		N/A
Fun with Fiber & Fleece Summer Craft Camp	Ages 9 - 12 (Entering 4 - 6)	9 - noon	\$175		N/A	N/A		N/A
Fun with Fiber & Fleece Summer Crafts Camp	Ages 12 - 14 (Entering 6 - 8)	9 - noon	\$175		N/A		N/A	N/A
Basketball Camp	Ages 12 - 15 (Entering 6 - 9)	12:30 - 3:30	\$175	N/A	N/A		N/A	N/A
Circus Arts Camp	Ages 8 - 12 (Entering 3 - 6)	9 - noon	\$225		N/A	N/A	N/A	
Strings Music Camp (at least one year music instruction required)	Ages 9 - 14 (Entering 5 - 8)	9 - noon	\$225			N/A	N/A	N/A

Summer Camp programs are located at Merriconeag's Early Childhood and Grades 1-8 Campus:  
 57 Desert Road, Freeport, ME 04032  
 Phone: 207-865-3900 Ext. 151 Fax: 207-865-6822 [www.merriconeag.org](http://www.merriconeag.org)

**MEDICAL INFORMATION, PERMISSION & RELEASE**  
**This is mandatory! Children cannot participate without this signed form.**

**Parent/Guardian Information:**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 First name \_\_\_\_\_ Last name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Non-parent Emergency contact:**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

- 1) Allergies & any special dietary needs: \_\_\_\_\_
- 2) Any severe allergies or medical issues requiring medication, please fill out our separate **Permission & Release: Administration of Medication** (this is required).
- 3) I authorize MWS summer program staff to re-apply sunscreen to exposed areas subject to sunburn: Yes \_\_\_\_ No \_\_\_\_
- 4) Behavioral or other information summer program staff should know to ensure you child has a positive experience:  
\_\_\_\_\_
- 5) Please list health insurance information and preferred emergency care facility:  
 Name of Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 Name of Policy Holder: \_\_\_\_\_  
 Emergency Care Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read & sign:**

My child, \_\_\_\_\_, has permission to participate in all summer program activities. I understand that these activities may include certain risks, and I assume these risks on my own behalf and on the behalf of my child.

\*I authorize MWS to administer any medications listed on the Permission & Release: Administration of Medication form and acknowledge that my child will not be provided any medication I have not authorized. I further authorize MWS to secure medical or other treatment for my child at my expense if my child is accidentally injured or taken seriously ill during the camp day.

\*I authorize MWS to use my child's photo or likeness in promotional or informational materials which may be distributed to the general public.

\*In consideration for my child's participation in summer program activities, on my own behalf and on the behalf of my child and our heirs, personal representatives and assigns, I hereby agree not to sue and to waive, release and discharge MWS and its affiliates, officers, directors, agents, employees, and volunteers, of and from any and all claims, causes of action, and damages, which arise out of, or are connected in any way, directly or indirectly, with my child's participation in Merriconeag Waldorf School's summer program, including, but not limited to, any claims of negligence.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Printed Name**