



**SUMMER PROGRAM REGISTRATION FORM**

**Buttercup Summer Garden ~ July 12 – 16, 9:00 a.m. – 12:00 noon**

*For children ages 4 ½ to 7 (entering grade 1)  
\$135 per week  
Led by Merriconeag Early Childhood teacher, Kam Anderson*

**Summer Adventure Camp I ~ July 12 – 16, 9:00 a.m. – 3:00 p.m.**

*For children ages 7 ½ - 10 ½ (entering grades 2, 3, 4)  
\$175 per week  
Led by Merriconeag Class Teacher, Jennifer Chace*

**Summer Adventure Camp II ~ July 19 – 23, 9:00 a.m. – 3:00 p.m.**

*For children ages 6 ½ - 9 ½ (entering grades 1, 2, 3)  
\$175 per week  
Led by Merriconeag Class Teacher, Jennifer Chace*

**Circus Arts Camp ~ August 9 – 13, 9:00 a.m. – 12:00 noon**

*For children ages 10 and up  
Led by Merriconeag Movement Teacher, John Saccone, and other guest artists  
\$200 per week (includes a ticket to the Aug 6, 1:00 p.m. Circus Smirkus Big Top Tour show in Freeport, as well as a backstage tour on the same day)*

**To reserve your child’s place, please send this completed form, with full payment by check (made out to Merriconeag Waldorf School) to: Merriconeag Waldorf School Summer Programs, 57 Desert Road, Freeport, ME 04032**

**Children’s Information:**

	Name	Date of Birth	Program
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

**Parent/Guardian Information**

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent/Guardian Information continued:

Business Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Emergency Information:**

**Allergies or Other Medical Information:** *An individualized medical action plan must be filled out for severe allergies. These are available in the office.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If my child is accidentally injured or taken seriously ill during the camp day, I give my permission for him/her to be transported to and treated at an emergency care facility. I understand that there may be fees involved, for which I will be responsible.**

Name of Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The nearest emergency care facility is Parkview Memorial Hospital, 329 Maine Street, Brunswick. If you prefer a different hospital, please indicate below:**

Emergency Care Facility: \_\_\_\_\_

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

**Doctor to Be Notified  
(Must Be Filled Out):** \_\_\_\_\_

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

**Please indicate below three emergency contacts in case you cannot be reached.**

Main Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Home Cell Work

Second Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Home Cell Work

Third Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Home Cell Work