



## Application for Summer Program 2023

The Waldorf School of Bend admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

Student's Full Legal Name: \_\_\_\_\_  Male  Female

Student's Preferred Name: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_ Age \_\_\_\_\_

### Parent/Guardian 1

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

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Parent/Guardian 2

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

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Does your child have allergies? (yes/no) \_\_\_\_\_ Please describe: \_\_\_\_\_

Is your child on any medication?(yes/no) \_\_\_\_\_ For what condition? \_\_\_\_\_

Does your child have any special needs or fears? (yes/no) \_\_\_\_\_ If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

### Camp Program requested (please check all that apply):

- Early Childhood Care Age 3-6 yrs  
6 weeks: June 26-30 and July 10-August 11 (**no care week of July 3-7**)  
Cost: \$2,310.00

- Grades Weekly Camps Age 7-12 yrs (mixed age groups)  
 June 26-30

- July 10-14
- July 17-21
- July 24-28
- July 31-August 1
- August 7-11

Cost: \$385.00 per week

Please note: No camp week of July 3.

***All information will be kept confidential. We require signatures of both parents/guardians (if applicable) below:***

I/We understand that

- All financial arrangements for program payments will be made through the Admissions/Business Office.
- This application is valid only for the summer 2023.

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

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

***Thank you for your interest in the Waldorf School of Bend summer programming. Please expect an email from our Admissions Director if an opening is available. At that time, a payment request will be made and payment will be due upon receipt of the request in order to confirm your enrollment.***

Admin Use Only:
Payment request sent: _____
Confirmed enrollment: _____
Payment received: _____