Waldorf Summer Camp 2772 Old Washington Road, Waldorf, MD 20601 240-435-3427

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SUMMER CAMP AGREEMENT

Last Sex:MaleFemale Child's Address Street City MD Zip Code Date Child is to begin care: Attendance: Primary Hours of care: Froma.m. To:p.m. Child Lives with:How did you hear about us: Mother's Name: Last First Middle Initial Address: Street City State Zip Code Work Phone # Last First Middle Initial Address: Cell Telephoneemail: Street City State First Middle Initial Address: Cell Telephoneemail: Street City State Tip Code Work Phone # Cell Telephone # State Tip Code Work Phone # Cell Telephoneemail: City State Tip Code Work Phone # Cell TelephoneEmail: City State Tip Code Work Phone # Cell TelephoneEmail: Tell Us About Your Child Child's previous childcare experiences: Child's previous childcare experiences: Child's Previous childcare experiences: Child's Medical Concerns: Child's Medical Concerns:	Child's Full Nar	ne:					
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	Siblings Name/	/Age					

Does your child been diagnosed with a disability or special health care need? If yes, are						
you willing to share a copy of your child's diagnosis, IFSP or IEP? This information will be kept in confidence it will be used to provide the best possible care for your child. Waldorf Summer Camp is willing to work with the family and special education service providers to support the child. Yes, I am willing to provide a copy Initial						
No, I am not willing to provide a copyInitial						
NON-DISCRIMINATION POLICY						
Waldorf Summer Camp does not discriminate based on the basis of race, religion, gender, national origin, disability, ability level, or sexual orientation.						
PHOTO RELEASE						
Pictures are taken of activities from time to time, for the purpose of promotional materials and bulletin board displays, and children's artwork. Any children pictured in these publications will not be identified by name.						
I hereby grant permission to us photo(Initial) I do not grant permission to use photo (Initial)						
TRANSPORTATION						
Children will always be supervised to and from the bus stop. Those children who will be transported to and or from school will be supervised at all times. All laws and care will be while transporting children. Permission to transport letter must be signed by parents/guardians.						
WITHDRAWAL FROM CHILDCARE						
If Waldorf Summer Camp needs to dismiss a family from care, WSC will give a 2- week notice. In the unusual case of a dismissal resulting in a situation that the provider does not feel secure for teachers and or children, the provider reserves the right to terminate care immediately.						
a. Waldorf Summer Camp has a 2- week trial period, within the first 2 weeks of care, <u>either</u> party may terminate care without a 2-week notice. Start Date of trial period						
By signing this contract, clients indicate that they have read the provider's policies and agree to all conditions within. A failure to enforce one or more terms of the contract does not waive the provider's right to enforce any other terms of the contract.						
Mother's Name						
Signature Date						
Father's Name						
Father's Name Date Date						
Alisa M. Woodland						
Signature of DirectorDate of Signature						