

Waldorf Summer Camp
2772 Old Washington Road, Waldorf, MD 20601
240-435-3427
Waldorfsummercamps.org
SUMMER CAMP AGREEMENT

Child's Full Name: _____
Last First Middle

Date of Birth _____ Sex: _____ Male _____ Female

Child's Address _____
Street City MD Zip Code

Date Child is to begin care: _____

Attendance: Primary Hours of care: From _____ a.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 # _____ Home Phone # _____

Cell Telephone _____ email: _____

Father's Name: _____
Last First Middle Initial

Address: _____
Street

City

State Zip Code

Work Phone # _____ Home Phone # _____

Cell Telephone _____ email: _____

Tell Us About Your Child

Child's previous childcare experiences: _____

Child's Medical Concerns: _____

Child's Hand preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

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 copy. _____ Initial

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, either 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 _____

Signature _____ Date _____

Alisa M. Woodland

Signature of Director _____ Date of Signature _____

