



Honolulu Waldorf School

# SUMMER FUN AT WALDORF

**Office Use:**

PAID: Amount: \_\_\_\_\_ Pymt rec'd by: HWS Initials: \_\_\_\_\_  
 Cash \_\_\_\_\_ Check#: \_\_\_\_\_ Credit Card # \_\_\_\_\_ (Last 4 numbers)  
 Date Paid: \_\_\_\_/\_\_\_\_/2017

ADD'L PD: Amt: \_\_\_\_\_ Pymt rec'd by: HWS Initials: \_\_\_\_\_  
 Cash \_\_\_\_\_ Check#: \_\_\_\_\_ Credit Card # \_\_\_\_\_ (Last 4 numbers)  
 Date Paid: \_\_\_\_/\_\_\_\_/2017  
 TB Clearance Received:  Yes - rec'd by: HWS Empl. Initials: \_\_\_\_\_

**HONOLULU WALDORF SCHOOL**

Niu Campus: 350 Ulua Street in Niu Valley • Honolulu, HI 96821

**JUNE 12 to JULY 21, 2017**

**SUMMER FUN AT WALDORF 2017 REGISTRATION FORM**

(\$175 registration fee due with form, first paid, first enrolled, limited spaces available)

Please submit a separate registration form for each student. Please make sure to complete entire form and initial yellow and sign back. Mail form with payment to: Honolulu Waldorf School, Summer Program, 350 Ulua Street, Honolulu, HI 96821.

**STUDENT INFORMATION:**

Student's Name	Last	First	Middle Initial	Preferred Name/Nickname	Date of Birth	Month / Date / Year	Age	Gender	
Current School		Grade Attending Next Year							
Student's Home Address									
Is student:		U.S. CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Permanent Resident		Citizenship:		<input type="checkbox"/> Immigration Visa Number and Type	Child's Primary Language
Parent 1 - Legal Guardian's Name		Last	First	Home Phone	Cell Phone	Other Phone	Email Address		
Parent 2 - Legal Guardian's Name		Last	First	Home Phone	Cell Phone	Other Phone	Email Address		
Preferred Contact Phone/Email:		<input type="checkbox"/> Parent 1 only		<input type="checkbox"/> Parent 2 only		<input type="checkbox"/> Both			
<b>NON-HAWAII RESIDENTS ONLY - Address in Hawaii (if student is from out-of-state or international) Phone number in Hawaii, if above is international number</b>									
Local Address: _____				Local Number: _____					
My child speaks English:		<input type="checkbox"/> Yes <input type="checkbox"/> No		I understand that if my child's behavior is inappropriate and/or language is an issue, my child may be asked to leave the program. <span style="background-color: yellow; display: inline-block; width: 50px; height: 15px;"></span> Parent Initial					
<b>PICK-UP / ADDITIONAL EMERGENCY CONTACTS – MUST LIST TWO:</b>									
The following people are authorized by me to pick up my child and can be contacted in case of emergency if school is unable to reach me:									
Name (other than parent)		Relationship to Student		Home Number	Cell Number	Other Number			
Name (other than parent)		Relationship to Student		Home Number	Cell Number	Other Number			

**SESSION / AFTERCARE CHOICES:** Please sign my child up for:

Six Week Session: (June 12 to July 21)	Early Bird before March 31 <sup>st</sup> : <input type="checkbox"/> \$1600 Registration after March 31 <sup>st</sup> : <input type="checkbox"/> \$1800		Aftercare <input type="checkbox"/> \$500	Amount due this session:	+ \$
Single Week Sessions:	Early Bird – before March 31 <sup>st</sup> :	After 3/31:	Aftercare <input type="checkbox"/> \$100	Amount due for these sessions & aftercare:	+ \$
___ June 12 - June 16	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325	Aftercare <input type="checkbox"/> \$100		
___ June 19 – June 23	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325	Aftercare <input type="checkbox"/> \$100		
___ June 26 – June 30	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325	Aftercare <input type="checkbox"/> \$100		
___ July 3, July 5 – July 7	<input type="checkbox"/> \$275	<input type="checkbox"/> \$305	Aftercare <input type="checkbox"/> \$100		
___ July 10 – July 14	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325	Aftercare <input type="checkbox"/> \$100		
___ July 17 – July 21	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325	Aftercare <input type="checkbox"/> \$100		
For multi-sibling family discount: Name of full price child: _____		Discount: <input type="checkbox"/> 10% second child Discount: <input type="checkbox"/> 15% third child Discount: <input type="checkbox"/> 20% fourth child		Apply Discount: - \$	
<b>PAYMENT - TOTAL DUE FOR THIS REGISTRATION:</b>					\$
INCLUDED is my payment with this form: (Checks made payable to Honolulu Waldorf School)					
<input type="checkbox"/> \$ _____ payment in full <u>or</u> <input type="checkbox"/> \$175 Deposit and <input type="checkbox"/> included postdated extra check made out for balance to deposit on May 1 <u>or</u> <input type="checkbox"/> I will pay remaining balance before May 1					
Credit Card Payment: <input type="checkbox"/> \$ _____ payment in full <u>or</u> <input type="checkbox"/> \$175 Deposit and charge balance to card on May 1					
M/C, Visa or Discover Card Number		Expiration Date		Billing Zip Code	

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

**STUDENT HEALTH INFORMATION:**

Note: all students coming from other schools must submit Physical Health Record Form 14, with physical exam, completed by a U.S. licensed physician, with a Current T.B.-Tuberculous test (done within 12 months prior to starting school in Hawai'i) and Immunization Record (if not included on Form 14). (Honolulu Waldorf School students should already have these forms on file at school.)

Any Allergies or Health Conditions or Medications school needs to know about (in case of emergency)

Child's Doctor's Name

Doctor's Phone Number

I hereby give my consent for my child's Health Care Provider to share my child's health information with school personnel in an emergency: Initials: \_\_\_\_\_

I hereby give my consent for Honolulu Waldorf School to obtain emergency medical care, if needed, and agree to pay for all costs of such care: Initials: \_\_\_\_\_

Child's Medical Insurance Company

Subscriber Name

Policy/Subscriber Number

**ADDITIONAL AGREEMENTS:**

We (parent/s, guardians, and student) agree to abide by all Honolulu Waldorf School (HWS) rules and regulations.

Initials: \_\_\_\_\_

Student may be photographed or videotaped for promotional purposes (brochures, magazine ads, newsletter, printed matter)

Initials: \_\_\_\_\_

Student may be photographed or videotaped for:  eNewsletter  HWS Website  HWS Facebook  On-line Magazine Ad

Initials: \_\_\_\_\_

In case of trauma or injury, student may be given the homeopathic medicine:  Rescue Remedy  Arnica

Initials: \_\_\_\_\_

Student may be given  Ibuprofen or  Acetaminophen: Reasons for administering: headache, migraine, sprain, toothache, muscle ache, cramps, pain. Email notification will be sent to parents. If student is ill with fever, no medication will be given and parents will be called to pick-up ill student.

Initials: \_\_\_\_\_

**EMERGENCY RELEASE:** Permission is granted for \_\_\_\_\_ to attend the HONOLULU WALDORF SCHOOL SUMMER FUN PROGRAM. Should said student become ill or injured, permission is granted to have said student treated at the nearest available medical facility as determined by EMTs or school personnel. I understand that the Honolulu Waldorf School and any of its employees or volunteers will not be held responsible for injury or illness to said child while commuting to and from or attending the school program; and I do hereby, for my heirs, executors, and administrators, release and forever discharge the Honolulu Waldorf School, its agents, employees, and volunteers acting officially or otherwise, from all claims, demands, or causes of action that may occur or arise thereof.

**RELEASE AND WAIVER STATEMENT, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION**

In consideration of my/my child's participation in this program, I the undersigned, intending to be legally bound, hereby for myself, my family, my heirs, executors, and administrators, waive and release any and all rights and claims I/my child may have against and agree to hold harmless the Honolulu Waldorf School, its employees, board of trustees, directors and officers, volunteers, representatives, and agents, and, if non-school-approved vehicles are utilized during this program, all the entities above and the Hawai'i Association of Independent Schools, the State of Hawai'i Department of Education and Department of Transportation from any and all liabilities or claims for any and all injury or damage suffered as a result of participation in this program. I/my child hereby assume the risks of participation in this program. I consent to receive and my child to receive and I agree to pay for any medical treatment that may be deemed advisable in the event I/my child suffer any illness or injury during the event.

The Parent/Guardian understands and agrees that attendance at Summer Fun at Honolulu Waldorf School is a privilege.

**PHOTO RELEASE:** I authorize the HONOLULU WALDORF SCHOOL SUMMER FUN PROGRAM to use video and photo images of my child. I agree that video or photographs become the exclusive property of HWS and may be used only by HWS and its staff.

Parent One's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Two's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUMMER FUN AT WALDORF Program at our NIU Campus**

Early Childhood – Grade 8 (Niu Campus): 350 Ulua Street, Honolulu, Hawaii 96821 808.377.5471 808.373.2040 Fax

High School (Makai Campus): 5257 Kalaniana'ole Hwy., Honolulu, Hawaii 96821 808.735.9311 808.373.4982 Fax

Website: [www.honoluluwaldorf.org](http://www.honoluluwaldorf.org)

email: [summer@honoluluwaldorf.org](mailto:summer@honoluluwaldorf.org)