

2024 SUMMER PROGRAM REGISTRATION

	CAMPER		
(Only one child per form please. It	you have multiple children, please fill o	ut an addition form for each child)	
First Name	Last Name	Last Name	
Age (<mark>4 by June 17</mark>)	Date of Birth		
Grade in Sept. 2024			
~~~~~~~~~~	PARENT/GUARDIAN #1	.~~~~~~~~~~~~	
First Name	Last Name		
Relationship to camper			
Phone	Email		
Address			
~~~~~~~~~	PARENT/GUARDIAN #2	~~~~~~~~~~~~	
First Name	Last Name		
Relationship to camper			
Phone	Email		
Address			
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## **CAMPS, RATES & DATES**

On the following page, please indicate which week of camp you would like the above camper to attend. Again, each camper must have their own enrollment form.

- ** For Little Squirrels Adventure Camp, please be sure to indicate whether you wish your child to stay a full day (8:30am 3:00pm), or a half day (8:30am 12:00pm).
- ** We do offer a \$25 sibling discount for each additional sibling per week.
- ** Refund Policy: Refunds, less a \$50 processing fee per enrolled child, will be issued up to two weeks before your child's first week of summer program.
- ** Children enrolled in half-day sessions should bring a wholesome snack each day. Those in full-day sessions should bring a wholesome snack and lunch each day.

## **LITTLE SQUIRRELS ADVENTURE CAMP (ages 4 - 6)**

☐ June 17-21 (no camp Wednesday 6/	<del>/19; prorate</del>	ed for the holiday)		
8:30am - 3:00pm \$320	<del>-8:30am -</del>	Noon \$240		
☐ <del>June 24 - 28</del>				
8:30am 3:00pm \$400	<del>8:30am</del>	Noon \$300		
☐ <del>July 8-12</del>				
8:30am - 3:00pm \$400	<del>- 8:30am -</del>	-Noon \$300		
☐ <del>July 15-19</del>				
8:30am - 3:00pm \$400	<del>-8:30am -</del>	Noon \$300		
☐ July 22-26				
8:30am - 3:00pm \$400	<del>- 8:30am -</del>	- Noon \$300		
☐ July 29 - August 2				
8:30am 3:00pm \$400	<del>8:30am</del>	Noon \$300		
"WHATEVER FLOATS YOUR BOAT" CAMP (Grade 1 - 4)				
☐ <b>June 17 - 21</b> 8:30am − 3:00pm \$320 (No camp 6/19)				
FUN WITH FIBER ARTS (Grade 3 - 8)				
☐ <b>July 22 - 26</b> 8:30am − 3:00pm \$400				
Please select a payment method:				
☐ check (payable to Seacoast Waldorf School)				
☐ email me a bill through our payment system				
Our address: Seacoast Waldorf School Attn: Martina Frndova-Tishchenko 403 Harold L Dow Highway Eliot, ME 03903 207-686-3140				

For questions please email Martina at <u>martina@seacoastwaldorfschool.org</u>

*Your spot will only be secured once we receive your payment and all forms (Emergency & Registration) are received.*