



# Shining Rivers Waldorf School

A Developing Waldorf School

## Shining Rivers Summer Fun!

Unique Summer Camp at Shining Rivers Waldorf School in Webster Groves!

Camp will be offered for one full week as follows:

Week of June 22	Ages 4 through 6— 9:00am – 1:00pm
Week of July 20	Cost - \$150 per wk / \$425 3-week series
Week of August 17	Ages 6 through 12— 9:00am – 3:00pm Cost - \$200 per week / \$575 3-week series

Camp programs will be Waldorf-inspired, including a variety of craft arts, storytelling and music activities, as well as outdoor play and nature study.

On-going summer daycare available in full- and half-day options.

To register for camp or daycare programs, contact Shining Rivers at 314-962-2129 or email [admissions@shiningrivers.org](mailto:admissions@shiningrivers.org)

Learn more about Shining Rivers at [www.shiningrivers.org](http://www.shiningrivers.org)

Now enrolling Pre-K—6th grade.

Shining Rivers Waldorf School  
915 Elm Ave Webster Groves, MO 63119  
Phone: (314) 962-2129

# Summer Programming Registration 2009

Please complete and return to Shining Rivers Waldorf School –  
915 North Elm Avenue, Webster Groves, MO 63119.

Full payment, by check, is due with registration. Class sizes are limited, so don't delay!  
**Deadline for registration is May 22, 2009.** Late registration accepted as space permits.

For questions or interest in additional summer daycare, please call (314) 962-2129 or email [admissions@shiningrivers.org](mailto:admissions@shiningrivers.org)

**Ages 4 – 6    9am – 1pm.    Snack included.    Cost - \$150/week    \$425/3-week series**

\_\_\_\_ **Week of June 22**

\_\_\_\_ **Week of July 20**

\_\_\_\_ **Week of August 17**

\_\_\_\_ **3-Week Series**

**Ages 6 – 12    9am – 3pm.    Snack included.    Cost - \$200/week    \$575/3-week series**

\_\_\_\_ **Week of June 22**

\_\_\_\_ **Week of July 20**

\_\_\_\_ **Week of August 17**

\_\_\_\_ **3-Week Series**

## Enrollment Information

Student's Full Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child is  Male  Female    Child likes to be called \_\_\_\_\_

## Additional Siblings

Student's Full Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child is  Male  Female    Child likes to be called \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child is  Male  Female    Child likes to be called \_\_\_\_\_

## Parent or Guardian(s)

Name(s) \_\_\_\_\_

Family Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_ ; \_\_\_\_\_

(Over)

Work Phone(s) \_\_\_\_\_ ; \_\_\_\_\_

Email(s) \_\_\_\_\_ ; \_\_\_\_\_

**Emergency Contact Information**

If unable to reach the above Parent/Guardian, please contact:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Does your child take any medications on a regular basis: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list: \_\_\_\_\_

List any medical conditions, allergies, or any additional pertinent background information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that Shining Rivers School may authorize the physician of its choice to provide emergency care in the event that neither the emergency contacts nor I can be reached. I agree that any hospital may be used as is needed or available. I understand that I will be responsible for such emergency services.

The school reserves the right to cancel a class for insufficient registration. Registrants of canceled classes will receive a full refund.

I agree to the conditions of the camp outlined in the brochure and understand that no refunds will be made after May 1, 2009, except in the event of a cancellation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date