



CAMP REGISTRATION FORM 2018

Child's Name: _____ Gender: _____

Preferred Name: _____ Date of Birth: _____

School child will attend in Sept 2018: _____ Grade child will attend in Sept 2018: _____

Parent 1 Name: _____ Telephone: _____

Home Address: _____ City: _____ Zip: _____

Primary Email used for receiving camp information: _____

Parent 2 Name: _____ Telephone: _____

Home Address: _____ City: _____ Zip: _____

Email: _____ Alternate Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Physician's Name: _____ Telephone: _____

Alternate person authorized to pick up child: _____ Telephone: _____

Please select your camp choices below.

Weeks Selected:	Weeks Selected:	Weeks Selected:	Weeks Selected:
August 6-10 K – 3rd Breathe ... with Janice and Stephanie	August 6-10 Age 8+ Coding for Treasure Robotics Camp	August 13-17 K – 3rd Fantasy Camp with Stina and Ellie	August 13-17 4th-6th Music Camp with Alejandro
August 20-24 1st – 3rd Music Camp with Alejandro	August 20-24 3rd- 6th Camp of Wizardry with Stina and Ellie		

Fees - Please Pay Camp Host Directly	
Breath of Summer Camp with Janice and Stephanie	\$325
Fantasy Camp with Stina and Ellie	\$350
Camp of Wizardry with Stina and Ellie	\$350
Coding for Treasure Robotics Camp (payable to Walden School)	\$375
Music Camp with Alejandro	\$375

Parent 1 Signature: _____ Parent 2 Signature: _____

Parent 1 Name: _____ Parent 2 Name: _____

Date: _____ Date: _____

Return this enrollment form, signed and dated, along with the camp fee payment, to the Walden front office:

Walden School
74 South San Gabriel Boulevard
Pasadena, CA 91107