



SUMMER FUN

HONOLULU WALDORF SCHOOL REGISTRATION FORM

JUNE 9 – JULY 16, 2025

8:30AM – 3:00PM

Preschool* – Grade 6

(*must be age 4 by session start date)

Please submit a separate registration form for EACH student. Make sure to complete entire form and initial all sections and sign agreement located on page 2.

Mail registration form with payment to: Honolulu Waldorf School, Summer Program, 350 Ulua Street, Honolulu, HI 96821. Questions email: summer@honoluluwaldorf.org

STUDENT INFORMATION:

Last Name	First Name	Preferred Name/Nickname	Date of Birth Month / Date / Year	Age	Gender
Current School Name			Grade Attending Next Year		
Student's Home Address			Student's Hawaii Address (if home address is NOT in Hawaii)		
Student's Primary Language:		My child speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Beginning Level <input type="checkbox"/> Intermediate Level			
Parent 1/Guardian 1 Last Name	First Name	US Phone	Other Phone	Email Address	
Parent 2/Guardian 2 Last Name	First Name	US Phone	Other Phone	Email Address	
Preferred Contact: <input type="checkbox"/> Parent 1/Guardian 1 only <input type="checkbox"/> Parent 2/Guardian 2 only <input type="checkbox"/> Both Parent 1/Guardian 1 and Parent 2/Guardian 2				Local U.S. Phone number to reach parent in Emergency (Required):	
PLEASE LIST AN ADDITIONAL EMERGENCY CONTACT WITH LOCAL NUMBER:					
The following person is authorized by parent/guardian to pick up my child and can be contacted in case of emergency if the school is unable to reach me:					
Name (other than parent)	Relationship to Student	Local United States Phone Number	Cell Number		

SESSION / BEFORECARE CHOICES: *Please sign my child up for:* *No program Tuesday, June 11th, Wednesday, June 19th, and Thursday, July 4th due to holidays (prorated weeks)

Single Week Sessions:	Early Bird Discount granted ONLY with Full Payment by April 11	Price After April 11:	Early drop-off:	Forward amounts listed here to payment section.
___ June 9 - June 13*	<input type="checkbox"/> \$342	<input type="checkbox"/> \$362	<input type="checkbox"/> \$50	\$ _____
___ June 16 – June 20*	<input type="checkbox"/> \$342	<input type="checkbox"/> \$362	<input type="checkbox"/> \$50	\$ _____
___ June 23 – June 27	<input type="checkbox"/> \$425	<input type="checkbox"/> \$450	<input type="checkbox"/> \$60	\$ _____
___ June 30 – July 3*	<input type="checkbox"/> \$342	<input type="checkbox"/> \$362	<input type="checkbox"/> \$50	\$ _____
___ July 7 – July 11	<input type="checkbox"/> \$425	<input type="checkbox"/> \$450	<input type="checkbox"/> \$60	\$ _____
___ July 14 – July 16	<input type="checkbox"/> \$259	<input type="checkbox"/> \$274	<input type="checkbox"/> \$40	\$ _____
5 ½ Session: _____ (June 9 to July 16)*	Early Bird discount W/full payment: by Apr 11 <input type="checkbox"/> \$2,135 after April 11 <input type="checkbox"/> \$2,260		7:30A- 8:30A <input type="checkbox"/> \$310	\$ _____
			(Limited Spots)	Total \$ _____

A \$75 deposit fee is due with the form to hold your place. First paid, first enrolled, limited spaces available. If taking part in the early bird discounted rates full payment must be made. No deposit taken to hold space. Cancellations made on or before May 9 are refundable less a \$75.00 non-refundable deposit. Cancellations made after May 9 are non-refundable. Registrations received after May 2 – Payment due in full at the time of registration.

PAYMENT SECTION: (Checks payable to the Honolulu Waldorf School)

Included with this form is my payment. I have made a <input type="checkbox"/> FULL PAYMENT or <input type="checkbox"/> DEPOSIT			
Payment made by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card* an administrative fee will be charged when using credit/ debit cards			
<input type="checkbox"/> FULL PAYMENT	<input type="checkbox"/> \$75 Deposit and <input type="checkbox"/> Included is a postdated extra check made out for the balance due on May 2, 2025 or <input type="checkbox"/> I will pay school the remaining balance by May 2, 2025 or <input type="checkbox"/> Please charge the remaining balance due to my credit card on May 2, 2025 Initials: _____		
			All fees are due by May 2, 2025, and are non-refundable after May 9.
M/C, Visa or Discover Card Number	Expiration Date MM/YYYY	Billing Zip Code	Initials: _____

Student's Full Name: _____

STUDENT HEALTH INFORMATION:

Note: all students attending other schools* must submit:

- Physical Health Record Form 14, with physical exam, completed by a U.S. licensed physician
- Current T.B.-Tuberculosis test (done within 12 months prior to starting school in Hawai'i) (Results may be listed on the Form 14, signed by the doctor)
- Immunization Record (may be included on Form 14 – Note: Immunization Exemption form for vaccines is available upon request)

*(Honolulu Waldorf School students should already have these forms on file at school.)

FOR EMERGENCIES: Any Allergies, Health Conditions or Medications school needs to know about? For ALLERGIES, please note how SEVERE ALLERGY is and symptoms child may have:

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: _____
I hereby agree that if my child has a severe allergy or medical condition, that I have provided the school with any necessary medication, inhalers, or other treatments necessary and have filled out the school's "Administration of Medication and Storage Form" that includes instructions from my child's doctor: 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: _____

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

Student may be given: Ibuprofen (Advil) or Acetaminophen (Tylenol): Initials: _____

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

EMERGENCY RELEASE: Permission is granted for _____ to attend the HONOLULU WALDORF SCHOOL SUMMER OF 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 emergency 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. **Parent Initial:** _____

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 program. **The Parent/Guardian understands and agrees that attendance at Summer of Fun at Honolulu Waldorf School is a privilege. No refund will be given if a child is asked to leave program. I understand that if my child's behavior and/or language is an issue, my child may be asked to leave the program.**
Parent Initial: _____

BY REGISTERING FOR AND ATTENDING OUR PROGRAM ON CAMPUS, YOU AGREE TO ABIDE BY OUR COVID-19 SAFETY AND RESPONSE PLAN POSTED ON OUR WEBSITE: [www. https://honoluluwaldorf.org/school-handbook](https://honoluluwaldorf.org/school-handbook) Parent Initial: _____

Parent 1/Guardian 1 Signature _____ Date: _____

PRINT Name: _____

Parent 2/Guardian 2 Signature _____ Date: _____

PRINT Name: _____



PHOTO/ MEDIA OPTION FORM

Throughout the year, students may be highlighted in efforts to promote the Honolulu Waldorf School (HWS) activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our school through newspapers, radio, TV, video, the web, DVDs, displays, brochures, social and other types of media. Please choose your options below.

I, as the parent or guardian of _____, (List full names of students in household)

hereby give the Honolulu Waldorf School and its employees, representatives, and authorized media organizations, the following permissions:

Option #1: Permission to print, photograph, and record my child/ren for use in audio, video, film, or other electronic, digital, social, and printed media **for marketing materials and promoting the school.**

a) This includes materials that will be shown outside of our school community (such as marketing materials, social media posts, website posts, etc.).

Option #2: Permission to print, photograph, and record my child/ren for use in audio, video, film, or other electronic, digital, social, and printed media for **internal school use only**

a) This includes materials such as, but not limited to; school yearbook, class blogs, Monkeypod Mailer (school newsletter), parent communications from the school.

Option #3: I do not permit HWS to print, photograph, or record my child/ren for use in any audio, video, film, or other electronic, digital, social, and printed media **for any reason.**

a) I understand this means my child/ren will not be included in any printed materials, including the school yearbook.

I understand that neither HWS nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation. I further release and relieve HWS, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material. I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Residential Address: _____

PRINT Parent/Guardian Full Name: _____

SIGNATURE Parent/Guardian: _____

Date: _____ Phone Number: _____