

Camellia Waldorf School
2017-18 Emergency Treatment Release and Transportation Release (rev. 1/20/2017)

This information will accompany your child on class trips and in any situation where emergency treatment is required. Please carefully complete this form.

Emergency Treatment Release	Transportation Release
We, the undersigned parents of the below named child(ren), do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital service that may be rendered to said minor(s) under the general or specific instructions of Camellia Waldorf School or MD on duty for emergency treatment of said minor(s). It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage Camellia Waldorf School and said physician to exercise judgment as to the requirements of such diagnosis or treatment.	The below named child(ren) has/have permission to participate in curricular and extracurricular off-campus activities through the last day of the school year. This includes participation in the overnight school-sponsored events as well as athletic events. We agree to be solely responsible for and to defend, indemnify, and hold harmless Camellia Waldorf School, its employees, agents, and assigns free and harmless from any and all claims, demands, lawsuits, causes of action, penalties, liability, damages, or expenses in connection with such trips.
This consent remains in effect through the last day of the school year, unless revoked sooner in writing.	
Child #1 name: _____ Teacher #1 name: _____	Child #2 name: _____ Teacher #2 name: _____
Date: _____ Signature (parent or legal guardian): _____	

EMERGENCY MEDICAL INFORMATION

Child #1 _____ Birthdate _____ Grade _____

Medications _____

Allergies _____

Tetanus (date of vaccination): _____

Child #2 _____ Birthdate _____ Grade _____

Medications _____

Allergies _____

Tetanus (date of vaccination): _____

EMERGENCY PHONE NUMBERS

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other Phone: _____

Doctor's Name: _____

Doctor's Phone: _____

Dentist's Name: _____

Dentist's Phone: _____

Medical Insurance: _____

Policy #: _____

Please initial if you want your child to have acetaminophen (Tylenol) when needed: _____

Please initial if you want your child to have anthroposophical remedies when needed: _____

Camellia Waldorf School
2017-18 Tuition Payment Plan for All Domestic / International Students (rev. 1/20/2017)

Student: _____ Grade: _____ If preschool, # of days: _____

Student: _____ Grade: _____ If preschool, # of days: _____

Student: _____ Grade: _____ If preschool, # of days: _____

ANNUAL TUITION	DOMESTIC	INTERNATIONAL
3-day Forest Preschool	\$4,769	\$4,769
3-day Preschool	\$5,449	\$5,449
4-day Preschool	\$7,260	\$7,260
5-day Preschool	\$8,794	\$8,794
Kindergarten	\$ 9,667	\$17,519
Grades 1 to 8	\$11,122	\$17,519

TUITION PAYMENT PLANS

Please check all that apply:

_____ I will pay the full year's tuition in advance by August 1, 2017.

_____ I wish to pay monthly, July through April (10 payments).

_____ I wish to pay monthly, July through June (12 payments). [This option is not available in a family's first year at Camellia.]

_____ I elect to waive the tuition protection fee (TPF). **Note: The TPF can be waived only if tuition is paid in full in a single installment by August 1, 2017, and if the Tuition Protection Fee Waiver is signed. Read item 4 in the tuition contract before electing to waive this fee.**

_____ I am applying for tuition assistance (TA). Note: TA is not available for international students. TA is available only for kindergarten through eighth grade; it is not available for preschool. If your request for TA is granted, you will be notified of your adjusted tuition by the Tuition Assistance Committee. If your request is denied, your tuition will be as indicated above.

I hereby guarantee to Camellia Waldorf School the payment of all tuition, fees, and other expenses as may be incurred with the school. Parents/guardians agree to withdraw the child or children upon request if tuition, fees, and all other expenses are not paid when due, or if the school, in its sole discretion, determines that the welfare of the child, children, or the school requires such withdrawal.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Camellia Waldorf School
2017-18 Aftercare Agreement for All Students (rev. 1/20/2017)

I. PRESCHOOL - NAP CARE AND AFTERCARE

Preschool Student: _____ Number of Days: _____

Preschool Student: _____ Number of Days: _____

Please check one:

_____ 5-day nap care (until 3pm) \$2,062.80/year

_____ 4-day nap care (until 3pm) \$1,650.00/year

_____ 3-day nap care (until 3pm) \$1,237.50/year

_____ 5-day extended care (until 6pm) \$3,547.80/year

_____ 4-day extended care (until 6pm) \$2,838.00/year

_____ 3-day extended care (until 6pm) \$2,128.50/year

_____ I plan to use nap care or extended care on a drop-in basis, at a minimum of \$21 per day until 3pm, and \$7 per hour thereafter. **Drop-in care is subject to availability.**

II. KINDERGARTEN THROUGH 8TH GRADE - MORNING CARE AND AFTERCARE

Available plans:

Plan M1: Morning care contract: \$342 per year (7:30 to 8am)

Plan M2: Morning care on a drop-in basis: \$7 per morning

Plan A1: Aftercare contract: \$2,677.50 per year (from dismissal time until 6pm)

Plan A2: Aftercare on a drop-in basis: \$7 per hour (billed in half-hour increments)

K-8 Student: _____ Grade: _____ Plan name(s): _____

K-8 Student: _____ Grade: _____ Plan name(s): _____

K-8 Student: _____ Grade: _____ Plan name(s): _____

III. PAYMENT OPTIONS

_____ I wish to pay monthly, July through April (10 payments).

_____ I wish to pay monthly, July through June (12 payments). [This option is not available in a family's first year at Camellia.]

Aftercare contracts cover the entire year. There is no discount, refund, or other allowance due to absence or illness. The contract is pro-rated for students who start after the year has begun.

I hereby guarantee to Camellia Waldorf School the payment of all tuition, fees, and other expenses as may be incurred with the school. Parents/guardians agree to withdraw the child or children upon request if tuition, fees, and all other expenses are not paid when due, or if the school, in its sole discretion, determines that the welfare of the child, children, or the school requires such withdrawal.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Camellia Waldorf School
2017-18 Vacation Care for All Students (rev. 5/25/2017)

Vacation care is childcare that Camellia offers on certain days when the school is closed. Two plans are available for vacation care.

PLAN 1: 21 DAYS OF VACATION CARE

\$780 for full-day childcare (7:30am to 6:00pm)

October 16, 2017

November 10, 2017

November 20 – 22, 2017

December 22, 2017

December 27 – 29, 2017

January 2 – 5, 2018

February 20 – 23, 2018

April 2 – 6, 2018

PLAN 2: PAY ONLY FOR THE DAYS YOUR CHILD ATTENDS

Drop-in rate: \$43.00 for full-day childcare (7:30am to 6:00pm)
 \$26.50 for four hours or less

Reservation forms for Plan 2 will be available in the office before each vacation period.

SELECT A PLAN AND PAYMENT OPTION

Child's name: _____ Plan number: _____

Child's name: _____ Plan number: _____

Child's name: _____ Plan number: _____

Please check one:

___ I will pay for the full year's Plan 1 care in advance by August 1, 2017.

___ I wish to pay monthly, July through April (10 payments).

___ I wish to pay monthly, July through June (12 payments). [This option is not available in a family's first year at Camellia.]

Parents agree that if a child is not picked up within 10 minutes of dismissal time, she or he will be automatically signed into aftercare at the family's expense.

- Preschool: There is a minimum charge of \$21 per day until 3pm, then \$7 per hour thereafter, starting at the child's dismissal time.
- Kindergarten – 8th grade: The fee is \$7 per hour, billed in half-hour increments.

If your child is not picked up by 6pm, there is a late fee of \$1 per minute. This fee is to be paid at the time of pick-up; if not, your account will be billed.

Vacation care contracts cover the entire year. There is no discount, refund, or other allowance due to absence or illness. The contract is pro-rated for students who start after the year has begun.

I hereby guarantee to Camellia Waldorf School the payment of all tuition, fees, and other expenses as may be incurred with the school. Parents/guardians agree to withdraw the child or children upon request if tuition, fees, and all other expenses are not paid when due, or if the school, in its sole discretion, determines that the welfare of the child, children, or the school requires such withdrawal.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date