



2010 Kindersommer Registration
For children 3 to 6 years old
All camps held at the German American School of Portland
3900 SW Murray Blvd, Beaverton, OR 97005
 Payment is due in full at time of registration.
 Please send this form and your check (payable to GSP) to the above address.



Name of camper _____ Date of birth _____ T-shirt size (circle one) 2/4 6/8 10/12

Address _____ City, State, Zip _____

Home phone _____ Name of current school or daycare, if applicable _____ Grade as of Sept. 2010 _____

Languages spoken and number of years studied _____

Name of camper's Medical Provider _____ Medical Provider's phone number _____

Name of camper's Dentist _____ Dentist's phone number _____

✓ desired session(s) below! **German Immersion for ages 3 to 6: Kinderkunst - Children's Art**

<i>Sculpturen/Sculptures</i>	June 21 to July 2	9am to 3pm	\$375 _____
<i>Musik/Music</i>	July 6 to July 16	9am to 3pm	\$345 _____ (prorated for July 4)
<i>Malerei/Painting</i>	July 19 to July 30	9am to 3pm	\$375 _____
<i>Primitive Kunst/Primitive Art</i>	Aug 2 to Aug 13	9am to 3pm	\$375 _____
<i>Bauen/Architektur</i>	Aug 16 to Aug 27	9am to 3pm	\$375 _____
Building/Architecture			

Before Care June 21 to Aug 27 8am to 9am FREE _____ (Please ✓ if your child will arrive before 8:45am)

After Care available through Vermont Hills Family Life Center. Please sign up with them directly at 503.452.8633

PARENT/GUARDIAN INFORMATION:

Name of parent/guardian responsible for above student's registration _____ Email address _____

Home address _____ City, State, Zip _____

Home phone _____ Work phone _____ Cell phone _____

Business address _____ City, State, Zip _____

Please describe any special health issues, learning issues, allergies, or any other information which will help us care for your child:

Please provide the name of an emergency contact person. This person is also authorized to pick up your child from the program.

Name _____ Phone _____ Relationship to student _____

Please list any other adults who are authorized to transport your child to/from this program:

Name _____ Phone _____

Name _____ Phone _____

Please initial the following:

- _____ My child is toilet-trained and will be at least 3 years old by the first day of camp attendance.
- _____ My child may be given the following non-prescription medications per manufacturer's directions: sunscreen, topical first aid ointment, and children's non-aspirin pain reliever.
- _____ In case of emergency, the German American School has my permission to call an ambulance or to take my child to a physician or hospital at my expense, and to obtain medical treatment for my child, whether or not I can be contacted.
- _____ My child has permission to be photographed for publicity purposes.
- _____ I am financially responsible for my child's enrollment in this program. I understand that there are no refunds and no discounts for late enrollment, withdrawal during the camp session, or absenteeism.
- _____ Registration refund policy: 90% if withdrawn before April 30, 50% if withdrawn by May 31, no refund after June 1st.

Signature of Parent/Guardian _____ Date _____