

OFFICE USE ONLY:
Date Rec'd. _____
Dep. Amt.: _____
Check #: _____
Credit Card: _____
Card #: _____
Exp. Date: _____
Bal. due: _____
Child's Age: _____
For Session: _____
Notice Sent: _____

Registration for Parent-Child Classes

Please return this form with a non-refundable deposit of \$50 by September 1 in order to secure a place in the class. The remainder of the fee must be received by September 14. This fee covers the cost of various reading materials, craft supplies, snacks, and parent orientations.

Make checks payable to the **Charlottesville Waldorf School**.

Child's Full Name: _____ Nickname: _____

Birth date: _____ M/F ____ Other educational classes attended: _____

Siblings' names and birth dates: _____

Mother's Name: _____ Father's Name: _____

Occupation: _____ Occupation: _____

Home address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

E-Mail: _____ **E-mail:** _____

How did you find out about **CWS**? (List as many ways as you can recall and rate as 1st, 2nd, etc. by level of Impact your decision to seek us out.) _____

We understand that we, and not **CWS**, are responsible for supervising our children during Parent/Child classes at **Charlottesville Waldorf School** facilities.

Parent Signature: _____ Date: _____

The **Charlottesville Waldorf School** admits students of any race, color, national and ethnic origin.
 Enrollment Office: 434-973-4946, ext. 102 vjonesschmidt@cwaldorf.org

Charlottesville Waldorf School
 120 Waldorf School Rd.
 Charlottesville, VA 22901

