

Registration for Parent-Child Classes

Please return this form with a non-refundable deposit of \$50 to secure a place in a class. The remainder of the fee must be received by one week before the Orientation Session. This fee covers the cost of various reading materials, craft supplies, snack and parent orientations. Make checks payable to **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 vjoneschmidt@cwaldorf.org

Charlottesville Waldorf School
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