

Charlottesville



Waldorf School

Registration for Parent-Child Classes

OFFICE USE ONLY:

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

Please return this form with the registration fee of \$130 by Tuesday, January 3rd, in order to secure a place in the class. This fee covers the cost of various reading materials, craft supplies, and snacks. We need at least 5 families to hold the class and will be full with 8 families.

Note: This session also includes a parent education evening with the teacher scheduled as a culminating event.

Winter Session: The class will run for 6 consecutive mornings, from 9:30-11:30 a.m.
 Pick either Saturdays or Tuesdays to attend:

Tuesdays: Jan 10-Feb 14th

Saturdays: Jan 14-Feb 18th

Please let us know if you or your child has any food allergies or sensitivities.

Child's Full Name: _____ Nickname: _____

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

Medical issues or allergies: _____

Siblings' names and birth dates: _____

Parent/Guardian #1 _____ Parent/Guardian #2: _____

Occupation: _____ Occupation: _____

Home address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

E-Mail: _____ E-mail: _____

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, ccorby@cwaldorf.org

Charlottesville Waldorf School . 120 Waldorf School Road . Charlottesville, VA 22901 . 434-973-4946 (phone) . 434-973-4109 (fax)