



180 Park Street
Rockport, Maine 04856
phone 207.236.8021 *fax 207.230.2423
www.ashwoodwaldorf.org

Parent-Child Class Registration Form: 2014-2015

For Children 18 through 36 months old

Fall Session: Six Tuesdays, October 28 – December 9 (no meeting 11/11)

Classes meet from 9 – 11:00 a.m.

Child's Name	Male	Female	Date of Birth
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Sibling's Name(s)	Male	Female	Date of Birth
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Mother's Name	Father's Name
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Mailing Address

E-mail Address

Home Phone	Work Phone	Cell Phone
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Emergency Contact Name	Emergency Contact Phone
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The tuition for each 6-week session is \$150. Siblings up to six months may be welcome, at no cost, at the sole discretion of the teacher. A sibling over six months old may be enrolled for half of the tuition, **\$75.00**, also based on the sole discretion of the teacher.

Parent/Child tuition: \$_____

Sibling tuition: \$_____

Total: \$_____

Who will be attending with the child(ren)? **(circle one)** Mother Father Both Caregiver (please specify relationship)

Signature: _____ Date: _____

**** The full payment is due Monday, October 13, 2014.** Enrollment is on a first-come, first-served basis. Please drop off or mail this registration form with your payment to Ashwood Waldorf School. Tuition refunds will not be issued once this form and payment have been submitted.

Please answer the questions on the reverse side of this form.

Do parents reside together?

Please describe your child's previous or current group-program experience.

If you child has any dietary restrictions or other allergies, please list below.

Please tell us anything else you think the teacher should know about your child.

