

## **Registration Form for Parent Toddler Program – 2019-2020**

| Child  |                              |                                    |             |
|--|------------------------------|------------------------------------|-------------|
| Child's Date of Birth  |                              |                                    |             |
| Please circle all that apply - Crawling  | Walking                      | Talking                            |             |
| Parent/s   |                              |                                    |             |
| Address  |                              |                                    |             |
| <br>City, State, Zip   |                              |                                    | _           |
| City, State, Zip<br>Phone  | Cell                         |                                    | _           |
| Email  |                              |                                    | _           |
| Who will attend class with child?  |                              |                                    |             |
| Siblings (Names & Ages) Others in Hou  |                              |                                    |             |
|  |                              |                                    |             |
| Any Allergies?<br>Other types of classes attended                                      |                              |                                    |             |
| Does your child have any special need  | ls you would like us to know | v about? If yes, please describe.  | Y/N         |
| Do you have any other questions or co<br>Y/N   | -                            |                                    |             |
| Circle the session/s for which you wou<br>either <b>Monday or Friday</b> . You may reg | _                            |                                    | <b>n</b> on |
| Fall/Winter Monday session – Septem  | aber 16 through December     | 16 (12 classes) \$400              |             |
| Fall/Winter Friday session – September   | <b>.</b>                     |                                    |             |
| Winter/Spring Monday session – Janu  | ary 6 through June 8 (18 cl  | asses) \$600                       |             |
| Winter/Spring Friday session – Januar  | , .                          | -                                  |             |
| Amount enclosed: \$  | Parent Toddler se            | ssion fees are non-refundable      |             |
| Please enclose a check payable to WS   | B for the total amount owe   | ed, and return registration form a | and         |
| check to Waldorf School of Bend, 215   |                              |                                    |             |
| on a first-come, first-serve basis. Fami   |                              | -                                  |             |
| materials have been received. In the   | -                            | -                                  |             |
| the option to be put on a waiting list.  | -                            | · · ·                              |             |
| inquire about remaining availability.  | <b>-</b> ,                   |                                    |             |
| be refunded.   |                              | <b>-</b> - <b>-</b> - <b>- - -</b> |             |