



PARENT-TOT PROGRAM

# Registration Form

FOR SCHOOL YEAR

2014–2015

TODAY'S DATE

☐ M ☐ F

CHILD'S NAME

DATE OF BIRTH

GENDER

## Parent or Guardian One

LAST NAME

☐ M ☐ F

FIRST NAME

GENDER

ADDRESS

CITY

STATE

ZIP

( )

HOME PHONE

( )

CELL / PAGER

EMAIL

( )

WORK PHONE

EMPLOYER

POSITION

## Parent or Guardian Two

LAST NAME

☐ M ☐ F

FIRST NAME

GENDER

ADDRESS

CITY

STATE

ZIP

( )

HOME PHONE

( )

CELL / PAGER

EMAIL

( )

WORK PHONE

EMPLOYER

POSITION

Child lives with: ☐ Both Parents ☐ Mother ☐ Father

☐ Other \_\_\_\_\_

How did you hear about Three Cedars Waldorf School?

What are you hoping for you and your child through your participation in this program?

## Registration

COST: \$310 per family  
for each session, for up  
to two children.

Please mail form  
and full payment to  
school address.

2 children per adult please.

## Saturdays, 10 am – 12 pm Choose one or more nine-week session:

### ☐ Session 1

Sept 27  
Oct 4, 11, 18, 25  
Nov 1, 8, 15, 22

### ☐ Session 2

Jan 17, 24, 31  
Feb 7, 14, 28  
Mar 7, 14, 21  
No class Feb 21.

### ☐ Session 3

Mar 28  
April 4, 11  
May 9, 16, 23, 30  
June 6, 13  
No class Apr 18, 25  
or May 2.