



PARENT-TOT PROGRAM

Registration Form

FOR SCHOOL YEAR

2013–2014

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

Child lives with: ☐ Both Parents ☐ Mother ☐ Father

How did you hear about Three Cedars Waldorf School?

Parent or Guardian Two

LAST NAME

☐ M ☐ F

FIRST NAME

GENDER

ADDRESS

CITY

STATE

ZIP

()

HOME PHONE

()

CELL / PAGER

EMAIL

()

WORK PHONE

EMPLOYER

POSITION

☐ Other _____

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

Registration

COST: \$300 per family for each session, for up to two children. Register for all three sessions and save 15%.

Please mail form and full payment to school address.

2 children per adult please.

Session Two

☐ Group 1 • Wednesdays

9 classes, 1:00 – 3:00 p.m.

January 8, 15, 22, 29

February 5, 12, 26

March 5, 12

☐ Group 2 • Thursdays

9 classes, 10:30 a.m. – 12:30 p.m.

January 9, 16, 23, 30

February 6, 13, 27

March 6, 13

Session Three

☐ Group 1 • Wednesdays

9 classes, 1:00 – 3:00 p.m.

March 19, 26

April 2, 9, 30

May 7, 14, 21, 28

☐ Group 2 • Thursdays

9 classes, 10:30 a.m. – 12:30 p.m.

March 20, 27

April 3, 10

May 1, 8, 15, 22, 29