2 children per adult please.

December 4, 11, 18

556 – 124th Avenue NE Bellevue, WA 98005 Tel 425.401.9874 Fax 425.865.9093 info@threecedarswaldorf.org www.threecedarswaldorf.org

## Registration Form

FOR SCHOOL YEAR

2013-2014

		TODAY'S DATE		
		TODAT S DATE		$\square$ M $\square$ F
CHILD'S NAME		DATE OF BIRTH		GENDER
Parent or Guardian One		Parent or Guardian Two		
LAST NAME		LAST NAME		
	□M□F			$\square$ M $\square$ F
FIRST NAME	GENDER	FIRST NAME		GENDER
ADDRESS		ADDRESS		
CITY	STATE ZIP	CITY	STATE	ZIP
( )		( )		
HOME PHONE		HOME PHONE		
( )		( )		
CELL / PAGER		CELL / PAGER		
EMAIL		EMAIL		
( )		( )		
WORK PHONE		WORK PHONE		
EMPLOYER		EMPLOYER		
POSITION		POSITION		
Child lives with: ☐ Both Parents ☐ Mother ☐ Father		□ Other		
How did you hear about Th	nree Cedars Waldorf School?			
What are you hoping for yo	ou and your child through you	ur participation in this program	)?	
3	☐ <b>Group I • Session 1 • Tues</b> 9 classes, 3:00 – 5:00 p.m.	☐ <b>Group I • Session 2 • Tues</b> 9 classes, 3:00 – 5:00 p.m.	☐ <b>Group I • Se</b>	ession 3 • Tues
COST: \$300 per family	October 22, 29	January 7, 14, 21, 28	March 18, 2	
for each session, for up to two children.	November 5, 12, 19, 26	February 4, 11, 25	April 1, 8, 29	
	December 3, 10, 17	March 4, 11	May 6, 13, 2	
Register for all three sessions and save 15%.	, ,		-	
	☐ Group 2 • Session 1 • Wed	☐ Group 2 • Session 2 • Wed	-	
Please mail form and full	9 classes, 1:00 – 3:00 p.m.	9 classes, 1:00 – 3:00 p.m.		00 – 3:00 p.m
payment to school address.	October 23, 30	January 8, 15, 22, 29	March 19, 2	
2	November 6, 13, 20, 27	February 5, 12, 26	April 2, 9, 30	)

March 5, 12

May 7, 14, 21, 28