



2014-15 School Year

Student Name	
2014-15 Class	
Date of Birth	

## Emergency and Consent Form

### Your Family Contact Information

Parent or Guardian Name	Relationship to Student
Street Address	Home Phone
City, State, Zip	Cell Phone
Personal Email	Work Phone
Employer and Occupation	Other phone

Parent or Guardian Name	Relationship to Student
Street Address	Home Phone
City, State, Zip	Cell Phone
Personal Email	Work Phone
Employer and Occupation	Other phone

Child lives with: ☐ Both Parents ☐ Guardians ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

IF YOUR CHILD IS ILL, HURT OR NOT PICKED UP ON TIME AFTER SCHOOL AND THE OFFICE CANNOT REACH YOU, WHOM MAY THE SCHOOL CALL TO BRING YOUR CHILD HOME. Please list all people who are authorized to pick your child up from school. We will need prior written notification from you if you authorize someone else to pick up your child.

- ☐ I authorize this student to walk, bicycle, or ride the bus home at the end of the school day.
- ☐ I authorize any parent in my child's class to pick up my child.
- ☐ I authorize any parent of a student enrolled at Three Cedars to pick up my child.

Name ( <i>not child's parent</i> )	Relationship	Home Phone	Work Phone	Cell Phone

### Long Distance Contact (for Natural Disaster Emergencies)

Name	Relationship	Telephone numbers with Area Code
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Does your child take any medications or have any conditions of which medical personnel should be aware?

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**Diversity Information** Each year state and other accrediting agencies require TCWS to provide statistics on our students. Please check all appropriate boxes that apply:

- ☐ African American ☐ Latino/Hispanic American ☐ Caucasian  
☐ Asian/Pacific Islander ☐ Native American or Native Alaskan ☐ Other

*continued on back*

**COMPLETE EACH FIELD IN FULL**

Child's Legal Name	Height	Weight	as of date
Child's Physician	Address		Phone
Preferred Hospital	Address		Phone
Medical Carrier	ID#	Policy #	Subscriber Phone
Date of Last Physical	Physician		Date of Last Tetanus
Date of Last Dentist Office Visit / Cleaning	Dentist's Name		Date of Last X-Rays
<b>LIFE-THREATENING</b> allergies or medical conditions and notification of standard treatment (e.g., "severe allergy to nuts -> anaphylactic shock -> epi-pen"; "type II diabetes -> hypoglycemia -> insulin			
Non-life threatening allergies (food, drugs, other), including foods we avoid and other dietary preferences or practices			

☐ Yes ☐ No **HOMEOPATHIC REMEDIES:** I authorize the school faculty and staff to administer non-prescription homeopathic remedies.

☐ Yes ☐ No **PHOTO/VIDEO RELEASE:** I, the undersigned parent or guardian of the minor student, give my permission to have photographs or video tapes taken, without recompense, at Three Cedars Waldorf School classes and events and to be used by Three Cedars Waldorf School for publicity or business purposes.

**PLEASE INITIAL EACH LINE**

\_\_\_\_\_ **MEDICAL EMERGENCIES:** I hereby grant permission to Three Cedars Waldorf School staff to seek medical attention for my child in the event such treatment is deemed necessary and I am not available. I also give my permission for my child to be transported by an ambulance or aid car to an emergency center for treatment. I further consent to medical dental, surgical, hospital care, treatment and procedures to be performed for my child by a licensed physician, dentist, or hospital when deemed necessary or advisable by a physician or dentist to safeguard my child's health.

\_\_\_\_\_ **MEDICATION POLICY:** Student medications are not kept in the classroom or student's lunch. Medications must be brought to the school office, labeled with the student's name and parent must complete Authorization to Administer Medications form and Instructions for Administering Medications form.

\_\_\_\_\_ **HEALTH SERVICES:** I give permission for my child to receive health promoting screening services provided at the school such as vision, hearing, head lice, or other. If there is a health concern, I will be informed of the results.

\_\_\_\_\_ **EMERGENCY PROCEDURES:** I hereby give permission to TCWS staff to remove my child from school in the event of an emergency.

\_\_\_\_\_ **CONFIDENTIALITY:** In case of emergency if I cannot be reached, I give the school permission to release information from my child's file to my child's physician or a referral source and to obtain information from my child's physician or other professional sources.

\_\_\_\_\_ **FIELD TRIPS:** I understand that my child will take neighborhood walks, which may include visits to Wilburton Park and the Bellevue Botanical Gardens and may spend time at the parks on a regular basis. I understand that my child may be traveling by private car on field trips during the school year. I understand that I will be notified of field trips requiring automobile transportation in advance. I give permission for my child to participate on these outings and understand that Three Cedars Waldorf School's liability insurance does not cover private transportation.

With this signature I acknowledge that I have read and completed both sides of this form.

PARENT 1 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT 2 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## NOTIFICATION OF PROGRAMS AND POLICIES 2014-15 SCHOOL YEAR

Three Cedars Waldorf School is required by licensing agencies to document parents' and employees' receipt of relevant handbooks, policies, and forms. We kindly ask that you carefully review all handbooks, protocols and policies available to you on the portal pages of the school's website as they include important information.

**Both parents** are asked to initial each acknowledgment below and sign at the bottom of this page, thus indicating that Three Cedars has provided you, as a parent of an enrolled student and/or as an employee, with the full set of school policies and protocols.

I have read the following School Programs and Policies as currently published (**both parents please initial each**):

\_\_\_\_\_ **Crisis Management Handbook**

\_\_\_\_\_ **Community Handbook, including the policies below:**

\_\_\_\_\_ **"Pest Control" policy**

\_\_\_\_\_ **"Head Injury Information" policy**

\_\_\_\_\_ **"Student Health" policy**

Student Name \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Parent 1 Signature \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_

Date \_\_\_\_\_

## **ANNUAL FIELD TRIP CONSENT AND RELEASE**

### **2014-15 SCHOOL YEAR**

From time to time, students of Three Cedars Waldorf School will be invited to participate in field trips, sports events, and other extra-curricular activities that are sponsored and organized by the School. This Consent and Release Form is intended to cover all school-sponsored off-site activities during the above referenced school year, except those for which a specific consent and release is requested by the School.

The undersigned grants consent for the student named below to participate in such activities, and acknowledges that such activities occur away from School premises and may involve the students walking to their destination, taking public transportation, or being transported in a private vehicle. The undersigned grants consent for the student named below to be transported to and from such activities by School employees, parents, and volunteers in their private vehicles, or in buses or vans as arranged by the School.

In return for allowing the student named below to participate in such activities, the undersigned agrees to release, defend, hold harmless and indemnify Three Cedars Waldorf School, its directors, agents, and employees, and any individuals who provide transportation to or from such activities ("the Releasees"), from all actions, causes of action, damages, claims or demands of negligence, except those of gross negligence and/or intentional or reckless wrongdoing, which the undersigned or any successor may have against the Releasees, for all personal injuries, property damage, or other types of loss or damage of any kind, whether or not presently known or contemplated, which may be incurred by the student during any such off-site activity, including transportation to and from such activities.

The undersigned acknowledges having read this Consent and Release Form and understands all of its terms and significance, that he/she has legal authority to provide consent for the student named below, and that this Consent and Release Form is executed voluntarily for the purpose of broadening the educational experience of the below-named student

Student Name \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Parent 1 Signature \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_

Date \_\_\_\_\_

## **WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT FOR ALL VOLUNTEER AND GRASSROOTS ACTIVITIES**

Through the initiative of individual parents, Class Coordinators, the Parent Association, and other groups, many activities – social outings, games, sports, picnics, play dates, etc. - are organized for families outside of school hours. These events are not supervised by school personnel nor protected by the policies that govern school-day activities.

With this agreement I agree, for the entire duration of my engagement with Three Cedars Waldorf School, to release, waive, discharge, and covenant not to sue Three Cedars School Association, its Board of Trustees, officers, agents, or employees from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss or damage that may be sustained to any private property, or personal injury, up to and including death, whether caused by negligence or otherwise, for any of the above or other grassroots activities that are not sponsored by Three Cedars Waldorf School. I elect to participate voluntarily in these activities, and retain full responsibility for supervision at all times for all of my dependents, knowing that certain risks may be inherent in these activities. I voluntarily assume full responsibility for any property damage or personal injury that may be sustained as a result of participating in or hosting these activities.

I further agree to indemnify and hold harmless the school and its officers and employees from any loss, liability, damage or costs, including court cost and attorney's fees that may incur due to participating in or hosting these activities, regardless of cause.

Student Name \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Parent 1 Signature \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_

Date \_\_\_\_\_



# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

Child's Last Name: First Name: Middle Initial: Birthdate (mm/dd/yyyy): Sex:

Symbols below: ◆ Required for School and Child Care/Preschool  
● Required for Child Care/Preschool Only

Parent/Guardian Name (please print):

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required Date

Office Use Only:  
Reviewed by: Date:  
Signed Cert. of Exemption on file? ☐ Yes ☐ No

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4 ▶				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			
Office Use Only: Immunization information updated and verified with parent/guardian permission:				
Printed Staff Name		Date	Printed Staff Name	
Printed Staff Name		Date	Printed Staff Name	
Printed Staff Name		Date	Printed Staff Name	

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. Mark option 1, 2, 3, OR 4 below – see, back #5.

1) ☐ Chickenpox disease verified by printout from CHLD Profile Immunization Registry  
Must be marked by printout (not by hand) to be valid.

2) ☐ Chickenpox disease verified by Health Care Provider (HCP)

If you choose this box, mark 2A OR 2B below.

2A) ☐ Signed note from HCP attached OR  
2B) ☐ HCP signed here and print name below:

Licensed health care provider (HCP) Signature Date  
(MD, DO, ND, PA, ARNP)

HCP Printed Name:

3) ☐ Chickenpox disease verified by school staff from CHLD Profile Immunization Registry  
If you choose this box, staff must initial that parent or guardian approves: (initial) (date)

4) ☐ Chickenpox disease verified by parent\*  
If you choose this box, fill in the date or child's age when he or she had the disease:  
Age/Date of disease: \*

\*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

## Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other:
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed health care provider (HCP) Signature Date  
(MD, DO, ND, PA, ARNP)

HCP Printed Name:

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.

**#1 To print with info filled in:** First, ask if your health care provider's office puts vaccination history into the CHLD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHLD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHLD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

**#2 To fill in by hand:** Print your child's name, birthdate, sex, and your own name in the top box.

**#3** Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mmm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	DTaP	1	01	12
	DTaP	2	03	20
	DTaP	3	06	01

**#4** If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

**#5** If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

- 1) ☐ If your child's CIS is printed directly from the CHLD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
- 2) ☐ If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- 3) ☐ If school staff access the CHLD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
- 4) ☐ If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfh/immunize/schools/Vaccine.htm>

**#6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

**#7** Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

**#8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order (For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	IPV	Pentavalente	DTaP + Hep B + Hib	TritHibit
Adacel	Tdap	Fluarix	Flu (TTV)	DTaP	Pneumovax	PPSV or PPV23	Tripedia
Afluria	Flu (TTV)	Flulaval	Flu (TTV)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Twinnix (Twinnx)
Boostrix	Tdap	FluMist	Flu (LAIV)	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vagta
Cervarix	HPV2	Fluvirin	Flu (TTV)	MPSV or MPSV4	Quadracel (QdrcI)	DTaP + IPV	Varivax
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TTV)	Pediarix (Pdrix)	DTaP + Hep B + IPV	Hep B	
Daptacel	DTaP	Gandasil	HPV4	PedvaxHIB	Hib	Rotavirus (RV1)	
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	Rotavirus (RV5)	

Vaccine Abbreviations in alphabetical order (For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV	Mumps, Measles, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TTV or LAIV)	Influenza	HPV	Human Papillomavirus	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

# Certificate of Exemption

## For School, Child Care and Preschool Immunization Requirements<sup>1</sup>



**DIRECTIONS:** All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement').<sup>2</sup> Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement').

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Birthdate** (mm/dd/yyyy): \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Parent/Guardian Name** (please print): \_\_\_\_\_

**Parent/Guardian, please choose the exemption(s) that apply to your child below.**

<input type="checkbox"/> <b>Temporary Medical Exemption</b> <input type="checkbox"/> <b>Permanent Medical Exemption</b>	<input type="checkbox"/> <b>Personal/Philosophical Exemption (see Box 1)</b> <input type="checkbox"/> <b>Religious Exemption (see Box 1)</b> <input type="checkbox"/> <b>Religious Membership Exemption (see Box 2)</b>
Vaccine(s) _____ Until _____ Date (or Permanent) _____	I do not want my child to get the following vaccine(s): <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox)
Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) _____	
Signature of Licensed Health Care Provider _____ X _____ Date _____	<input type="checkbox"/> Other (indicate): _____

Box 1	Box 2
<b>Provider Statement<sup>2</sup>:</b> "I, _____, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons." X Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) _____ X Date _____	<b>Parent/Guardian Demonstration of Religious Membership:</b> "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption." X Name of Church or Religious Body _____ X _____ Signature of Parent or Guardian _____ Date _____

Box 3
<b>Parent/Guardian Statement:</b> "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be <b>excluded</b> from school, child care, or preschool until the outbreak is over." X Signature of Parent or Guardian _____ Date _____

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD)/TTY 1-800-833-6388).

<sup>1</sup> RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider.

<sup>2</sup> A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.





556 – 124th Avenue NE  
Bellevue, WA 98005

Tel 425.401.9874  
Fax 425.865.9093

info@threecedarswaldorf.org  
www.threecedarswaldorf.org

## ***VOLUNTEERING AT THREE CEDARS***

*In a growing school such as ours, there are many opportunities for parents to give of their time and talents, and many wish to do so either at community festivals, in the classroom, driving for fieldtrips, or making delicious treats for various events. Each contribution of your time is a valuable gift and helps make this school a vibrant community!*

*In addition to indicating your volunteer preferences, we ask that each parent complete our annual Washington State Patrol Background Inquiry and Motor Vehicle Records report below.*

*Thank you!  
Three Cedars Waldorf School*

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Please let us know which areas are of interest to you:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acting in plays and festivals | <input type="checkbox"/> Festivals                  | <input type="checkbox"/> Sewing costumes                |
| <input type="checkbox"/> Advertising/marketing         | <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Singing                        |
| <input type="checkbox"/> Baking for events             | <input type="checkbox"/> Gardening                  | <input type="checkbox"/> Sorting and organizing         |
| <input type="checkbox"/> Benefit Evening               | <input type="checkbox"/> Grant writing              | <input type="checkbox"/> Storage transport/organization |
| <input type="checkbox"/> Board of Trustees             | <input type="checkbox"/> Graphic design             | <input type="checkbox"/> Substitution                   |
| <input type="checkbox"/> Buildings and Grounds         | <input type="checkbox"/> Handwork Class Asst        | <input type="checkbox"/> Tutoring - math                |
| <input type="checkbox"/> Bulletin Board Coordinator    | <input type="checkbox"/> Hosting out of town guests | <input type="checkbox"/> Tutoring - reading             |
| <input type="checkbox"/> Childcare for work parties    | <input type="checkbox"/> Lost & Found               | <input type="checkbox"/> Website improvements           |
| <input type="checkbox"/> Computer network admin        | <input type="checkbox"/> Office support             |   |
| <input type="checkbox"/> Emceeing                      | <input type="checkbox"/> Performing music           |   |
| <input type="checkbox"/> Event visuals and signage     | <input type="checkbox"/> Photography                |   |
| <input type="checkbox"/> Filmmaking/video production   | <input type="checkbox"/> Posting flyers             |   |

**\*\* PLEASE COMPLETE IN FULL AND RETURN TO THE SCHOOL OFFICE \*\***

Parent's Name: \_\_\_\_\_  
Last First Middle

Parent's Date of Birth: \_\_\_\_\_

Alias / Maiden Name(s): \_\_\_\_\_



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Bellevue, WA 98005

Tel 425.401.9874  
Fax 425.865.9093

info@threecedarswaldorf.org  
www.threecedarswaldorf.org

FRIENDS AND RELATIVES

## Information Form

FOR SCHOOL YEAR

2014-2015

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STUDENTS ENROLLED AT THREE CEDARS

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YOUR NAME

*Three Cedars Waldorf School is a 501 (c) (3), not-for-profit, independent school and we rely to a great extent upon attentions and gifts of volunteer and fundraising support from our students' parents and extended community of family and friends. Please complete this form with contact information for all grandparents, godparents, relatives, and close family friends in your child's life, to whom the school may mail / email newsletters, announcements, invitations to school events, and requests for support.*

Returning families may return this form with the note "no change" if the contacts submitted last year are all the same. Please send us updated email addresses and other contact information as it changes during the school year by emailing [rhartman@threecedarswaldorf.org](mailto:rhartman@threecedarswaldorf.org).

Name:	
Relation to Student:	
Address:	
Phone:	Email:

Name:	
Relation to Student:	
Address:	
Phone:	Email:

Name:	
Relation to Student:	
Address:	
Phone:	Email:

Name:	
Relation to Student:	
Address:	
Phone:	Email: