



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

Emergency and Consent

Student Name _____ Date of Birth _____ Class _____ Date _____

Parent/Guardian Name	Relationship to Student
Street Address	Home Phone
City, State, ZIP	Mobile Phone
Personal Email	Other phone
Parent/Guardian Name	Relationship to Student
Street Address	Home Phone
City, State, ZIP	Mobile Phone
Personal Email	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.

- 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 currently enrolled at TCWS to pick up my child.
- I authorize the people listed below to pick up my child:

Name	Relationship	Home Phone	Work Phone	Mobile Phone
1.				
2.				
3.				
4.				
5.				
6.				

Long-distance contact for natural disaster emergency—Please provide contact information of your out-of-town emergency point person.

Name	Relationship	Home Phone	Work Phone	Mobile Phone
_____	_____	_____	_____	_____

Photo/video release—I give my permission to have photographs or videos featuring my child to be used, without recompense, for the purpose of TCWS marketing (events, brochures, website, flyers).

Parent Name _____	Signature _____	Date _____
Parent Name _____	Signature _____	Date _____



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Medical Information

Child's Legal Name		Height	Weight	As-of Date
Child's Physician		Physician Address		Phone
Preferred Hospital		Hospital Address		Phone
Medical Insurance ID#		Insurance Subscriber Name		Phone
Medical Insurance Policy #				
Date of Last Physical		Physician Name		Date of Last Tetanus Immunization
Date of Dentist Visit		Dentist Name		

Medication—Does your child take any medication(s) or have any condition(s) of which first aid and medical personnel should be aware?

No Yes Describe

Life-threatening allergies or medical conditions and notification of standard treatment (for example, severe allergies to nuts, anaphylactic shock, use of EpiPen, Type II Diabetes, use of insulin):

No Yes Describe

Non-life-threatening allergies including foods that need to be avoided:

No Yes Describe

Homeopathic remedies—I authorize TCWS to administer non-prescriptive homeopathic remedies

No Yes Describe

No Yes Describe

Acknowledgement—Please initial each of the sections below.

Initial	Medical Emergencies: I hereby grant permission to TCWS to seek medical attention for my child if deemed necessary by TCWS and in the event that I am not available. I give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I consent to medical, dental, surgical, hospital care, treatments performed by a licensed physician or dentist, when deemed necessary or advisable for the safeguard my child's health by a physician or dentist.
Initial	Medication Policy: Students medications must be labeled with the student's name and parent contact information, and accompanied by the completed "Authorization to Administer Medications" form and instruction, and be and brought to the office. Students are not permitted to keep medicine in their classrooms unless directed otherwise by their physician.
Initial	Health Services: I give permission to TCWS for my child to receive occasional health promoting screening services provided by the school such as vision, hearing, head lice, or other. I understand that the school will inform me if any health concerns arise from these screenings.
Initial	Emergency Procedures: I give permission to TCWS to remove my child from campus in the event of an emergency.
Initial	Confidentiality: In the event I cannot be reached, I give TCWS permission to release information from my child's file to my child's physician or referral source, and to obtain information from my child's physician or other professional source.

Parent Name		Signature		Date
Parent Name		Signature		Date



Field Trip Consent and Release

Student Name

Date of Birth

Class

Date

From time to time, students of Three Cedars Waldorf School are 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 **for all school year trips** except those for which a specific consent and release is requested by the School.

I understand that my child will take walks in the neighborhood and may spend time at public parks on a regular basis. I understand that my child may occasionally travel by private car on field trips, and that I will receive notification of field trips requiring transportation in advance. I give permission for my child to participate on these outings and I understand that TCWS' liability insurance does not cover transportation. Note: parents who drive students on field trips are required by TCWS to provide proof of insurance, a clean driving report, and background checks.

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 above-named student.

I have read the Field Trip & Consent agreement above

Parent Name

Signature

Date

Waiver of Liability and Hold Harmless Agreement

VOLUNTEER & 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.

I have read the Waiver of Liability and Hold Harmless Agreement above.

Parent Name

Signature

Date



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Volunteering at Three Cedars

We offer many opportunities to parents to give of their time and talents. Most parents 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!

Thank you!

Please let us know of the opportunities that are of interest to you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Baking for events | <input type="checkbox"/> Gardening | <input type="checkbox"/> Sorting and organizing |
| <input type="checkbox"/> Board of Trustees | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Storage transport/organization |
| <input type="checkbox"/> Buildings and Grounds | <input type="checkbox"/> Hosting out of town guests | <input type="checkbox"/> Substitution |
| <input type="checkbox"/> Childcare for work parties | <input type="checkbox"/> Office support | |
| <input type="checkbox"/> Festivals | <input type="checkbox"/> Distributing events flyers | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sewing costumes | |

Parent Name

Signature

Date



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Thank you!

Please let us know of the opportunities that are of interest to you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Baking for events | <input type="checkbox"/> Gardening | <input type="checkbox"/> Sorting and organizing |
| <input type="checkbox"/> Board of Trustees | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Storage transport/organization |
| <input type="checkbox"/> Buildings and Grounds | <input type="checkbox"/> Hosting out of town guests | <input type="checkbox"/> Substitution |
| <input type="checkbox"/> Childcare for work parties | <input type="checkbox"/> Office support | |
| <input type="checkbox"/> Festivals | <input type="checkbox"/> Distributing events flyers | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sewing costumes | |

Parent Name

Signature

Date

Notification of Programs and Policies

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 school's website as they include important information: <http://threecedarswaldorf.org/policy-documents/>

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 _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:

Date:

Reviewed by:

Signed Cert. of Exemption on file? Yes No

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:	I certify that the information provided on this form is correct and verifiable.	
Symbols below: ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only					Parent/Guardian Signature Required Date	
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						
Office Use Only: Immunization information updated and verified with parent/guardian permission:						
Printed Staff Name Date			Printed Staff Name Date			
Printed Staff Name Date			Printed Staff Name Date			

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 CHILD 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 CHILD 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 CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD 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 CHILD 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 mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►

#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**.

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#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 CHILD 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 CHILD 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	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib	TriHIBit	DTaP + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23	Tripedia	DTaP
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Twinrix (Twnrx)	Hep A + Hep B
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vaqta	Hep A
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrcl)	DTaP + IPV	Varivax	Varicella
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B		
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	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) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

Certificate of Exemption

SIDE A:
**For Religious, Personal,
Philosophical, and Medical
Exemptions¹**

PART 1: PARENT OR GUARDIAN INSTRUCTIONS

PART 2: HEALTHCARE PROVIDER INSTRUCTIONS

In order for this form to be valid for religious, personal, philosophical, or medical reasons, please:

- Step 1:** Fill in your child's information in Boxes 1-4
- Step 2:** Read the Parent/Guardian Declaration
- Step 3:** Provide your initials where indicated
- Step 4:** Print your name, sign, and date in Boxes 5-6
- Step 5: Have a provider complete Part 2 of this form**

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy) 4. Gender

 /

- Male
- Female

I am the parent or legal guardian of the above named child. One or more required vaccines are in conflict with my personal, philosophical, or religious beliefs.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ (**initial**)
- Exempting my child from any or all required vaccine(s) may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ (**initial**)
- The information provided on this form is complete and correct. _____ (**initial**)

5. Print Parent/Guardian Name

6. Parent/Guardian Signature and Date

 / /

In order for this form to be valid, please:

- Step 1:** Mark which disease(s) and what type of exemption is requested. If medical write a **T** for Temporary or **P** for Permanent.
- Step 2:** Discuss the benefits and risks of immunizations with the parent or guardian
- Step 3:** Read the Provider Declaration
- Step 4:** Print your name, credentials, sign, and date in Boxes 7-8

Disease	Personal/ Philosophical	Religious	Medical (T/P)*	Expiration Date for Temporary Medical
Diphtheria				
Hepatitis B				
Hib				
Measles				
Mumps				
Pertussis				
Pneumococcal				
Polio				
Rubella				
Tetanus				
Varicella				
All				

**A provider may grant a medical exemption only if there is a valid medical contraindication to a vaccine.

Provider Declaration

I declare that:

- I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child.
- I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW.
- The information provided on this form is complete and correct.

7. Print Provider Name and Credential (MD, ND, DO, ARNP, PA)

8. Provider Signature and Date

 / /

¹RCW 28A.210.080-090 "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 is either A) signed by a licensed healthcare provider or B) demonstrates membership in a church or religious body that precludes healthcare practitioners from providing medical treatment to children."

Certificate of Exemption

SIDE B:
For Religious Membership
Exemption ONLY

NOTICE: Complete this side if you belong to a church or religion that objects to the use of medical treatment.¹

If you have a religious objection to vaccinations, but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses, then you must use Side A of this Certificate of Exemption.

PARENT OR GUARDIAN INSTRUCTIONS

In order for this form to be legally valid for religious membership reasons, please:

Step 1: Fill in your child's information in Boxes 1-4

Step 2: Read the Parent/Guardian Declaration and provide your initials where indicated

Step 3: Provide the name of the church or religion of which you are a member, and print your name, sign, and date in Boxes 5-7

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

M F

I am the parent or legal guardian of the above named child and I am exempting my child from all required vaccinations.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ (**initial**)
- Exempting my child from all required vaccines may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ (**initial**)
- The information provided on this form is complete and correct. _____ (**initial**)

I affirm that I am a member of a church or religion whose teachings preclude healthcare practitioners from providing any medical treatment to my child.

5. Name of Church or Religion of Which You Are a Member

6. Print Parent/Guardian Name

7. Parent/Guardian Signature and Date

M.I. / _____ / _____

¹RCW 28A.210.090 "The parent or legal guardian demonstrates membership in a religious body or a church in which the religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child."



FRIENDS AND RELATIVES

FOR SCHOOL YEAR

Information Form

STUDENTS ENROLLED AT THREE CEDARS

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 info@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:

