school address.

2 children per adult please.

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

2014-2015

No class Apr 18, 25

or May 2.

Parent or Guardian One Parent or Guardian Two LAST NAME LAST NAME ADDRESS ADDRESS ADDRESS CITY STATE 2IP CITY STATE 2IP CITY STATE 2IP CELL / PAGER EMAIL () WORK PHONE EMPLOYER EMPLOYER EMPLOYER EMPLOYER EMPLOYER EMPLOYER EMPLOYER EMPLOYER EMPLOYER WORK PHONE 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 reveals assision for up a Session 1 Session 2 Session 3					
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LAST NAME M F	CHILD'S NAME		DATE OF BIRTH		
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to two children. Oct 4, 11, 18, 25 Feb 7, 14, 28 April 4, 11	to two children.				
	Please mail form			May 9, 16, 23, 3	
and full payment to No class Feb 21. June 6, 13	and full payment to	7 - 1 - 1		-	