

180 Park Street Rockport, Maine 04856 phone 207.236.8021 ₹ fax 207.230.2423 www.ashwoodwaldorf.org

Parent-Child Registration Form: 2017-2018

For Children 18 through 36 Months

Child's Name	Male	Female	Date of Birth	Age
Sibling's Name	Male	Female	Date of Birth	Age
Parent's Name		Parent's Na	me	
Mailing Address				
E-mail Address				
Home Phone		Work Phon	e	Cell Phone
Emergency Contact Name			Emer	gency Contact Phone
The tuition for each 5-week session is \$1 discretion of the teacher. A sibling over teacher's discretion. There is a \$25/session	six months	old may be	enrolled for half of the to	
☐ September 5—October 10			Parent/Child tuit	ion: \$
☐ October 17—November 21			Tuition for sib	oling: \$
☐ February 27—April 3		\$25	\$25/session disco	ount: \$
☐ April 24—May 29			Total	** \$
Who will be attending with the child(ren)				
Signature:			Date:	

^{**} Enrollment is on a first-come, first-served basis, at least one week prior to the first day of a session. Please drop off or mail this registration form with your payment to Ashwood Waldorf School. Tuition refunds will not be issued once this form and payment have been submitted.

Please describe your child's previous or current group program experience.
If you child has any dietary restrictions or other allergies please list below.
Please tell us anything else you think the teacher should know about your child.