# Application & Enrollment Contract

***Sprouts***

# Parent-Child Class Fall Session

**October 6 – November 24, 2015**

Child’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Sprouts classes will meet every Tuesday unless there is enough enrollment for two classes. Then, one will meet on Monday and one on Tuesday. In the event of that, state your preference:*

\_\_\_\_\_\_\_\_\_ *Monday*

\_\_\_\_\_\_\_\_\_ *Tuesday*

\_\_\_\_\_\_\_\_\_ *No Preference*

* Sprouts is an eight-session program, held one day a week, from 9:00am-11:00 am.
* The tuition for the eight-week session is $200.
* Enrollment is on a first come first served basis.
* In the event that a class fills, we will hold all subsequent contracts to form another class. If there are not enough children for another class, your contract and tuition will be returned.
* Tuition must be paid in full before the first class.
* If during the first class you find that the program is not a good fit for your child, you will be reimbursed the full tuition. We do not offer refunds after the first class.

## To enroll yourself and your child in the Richmond Waldorf School Sprouts Program

* Complete the form on page 2.
* Sign below *and* at the bottom of page 2.
* Mail this form and your check for the full tuition to Richmond Waldorf School, Attention Admissions.
* Enrollment documents and tuition must be received by March 13, 2015 for the Spring Sprouts Session.

Parent’s Signature

Date

Richmond Waldorf School Administration Signature

Date

Richmond Waldorf School, 1000 Westover Hills Blvd, Richmond, VA 23225 804-377-8024

## Child’s Information

**Sprouts Information Form – 2014-2015**

|  |  |  |
| --- | --- | --- |
| First and Last Name | Nickname | Date of Birth |
| Information you would like to share about your child: (Other social environments he/she has been involved in, favorite activities, sibling relationships, etc.)  Does your child have special needs or developmental delays?  What experiences has your child had with other children? | | |

**Parent Information**

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian (1) Attending Class** | Relationship | Place Employed |
| Home Phone | Cell Phone | Work Phone |
| Home Address | | |
| Email Address | | |
| **Parent/Guardian (2)** | Relationship | Place Employed |
| Home Phone | Cell Phone | Work Phone |
| Home Address | | |
| Email Address | | |
| Legal Custody: If persons having legal custody differ from the parents/guardians listed above, please provide the name, address, and phone number of the individuals or agency. | | |

**Emergency Information**

|  |  |
| --- | --- |
| Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency | |
| Child’s Physician | Phone |
| Name and contact information of person to contact in case the parent/guardian needs assistance | Phone |
| Hospital Preference |  |

***Parent’s or Guardian’s Signature Date***

***Richmond Waldorf School***

***1000 Westover Hills Blvd. Richmond, VA 23225 (804)377-8024***