



Application & Enrollment Contract

Sprouts

**Parent-Child Class
Spring Session**

April 5 – May 24, 2016

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 _____

Sprouts Information Form – 2015-2016

Child's Information

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

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		
<p>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.</p>		

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