



## SPROUTS

**Parent-Child Class at Richmond Waldorf School  
Enrollment Contract 2017-18  
Session I: September 12 – November 20, 2017**

Child's Full Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_

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

- **Sprouts** is a ten-session program held on Tuesdays from 9:00-11:00 am.
- The tuition for the ten-week session is \$350.
- Enrollment is on a first come first served basis.
- In the event that a class fills, we will hold all subsequent contracts to form a second class. If there are not enough children for a second 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. From the second class on there will be no refunds.

**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 3.
- Mail this form and your check for the full tuition to Richmond Waldorf School, Attention Admissions.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted: for Richmond Waldorf School \_\_\_\_\_ Date \_\_\_\_\_



## *SPROUTS Information Form*

### *2017-18*

#### Child's Information

First and Last Name	Nickname	Gender	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.)			

#### Parent Information

<b>Parent/Guardian (1) Attending Class</b>	Relationship	Place Employed
Home Phone	Cell Phone	Work Phone
Home Address		
Email Address		
<b>Parent/Guardian (2)</b>	Relationship	Place Employed
Home Phone	Cell Phone	Work Phone
Home Address		
Email Address		
<b>Legal Custody:</b> 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 or Guardian*

\_\_\_\_\_  
*Date*