



## *SPROUTS*

***Parent-Child Class at Richmond Waldorf School  
Enrollment Contract 2016-17  
Session 1: October 11 – December 13:***

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 \$250.
- 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*

### *2016-17*

#### **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		
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 or Guardian*

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