



SPROUTS

Parent-Child Class at Richmond Waldorf School Enrollment Contract 2018-2019

Enrolling for (check one): **Winter Semester (Jan – Mar)** **Fall Semester (Sept – Nov)**

Child's Full Name _____ Date of Birth _____
Parent's Full Name _____
Address _____
Email _____ Phone _____

- **Sprouts** is a ten-session program held on Tuesdays from 9:00-11:00 am.
- The registration fee 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 _____

RichmondWaldorf.com

1301 Robin Hood Road | Richmond, Virginia 23227 | P: (804) 377-8024 | F: (804) 377-8027



Sprouts Information Form 2018-2019

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

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 or Guardian

Date