



# SACRAMENTO WALDORF SCHOOL

## Parent-Child Application for Admission

### 1. Select a Session

- Fall Session: Week of September 14, 2016 – Week of November 18, 2016
- Winter Session: Week of November 30, 2016 – Week of February 17, 2017
- Spring Session: Week of March 1, 2017 – Week of June 2, 2017

*(There Are No Classes During School Breaks)*

**Mandatory Parent Only Orientation Class:** Saturday, September 10, 2016

### 2. Select a Class

- Daffodils (3 to 9 months)* Fridays 12:00 – 1:00pm (non-mobile infants).....\$200 per Session
- Snowdrops (10 to 15 months)* Wednesdays 9:00 – 11:00am.....\$325 per Session
- Redbuds (16 to 23 months)* Thursdays 9:00 – 11:00am.....\$325 per Session
- Morning Glories (24 - 30 months)* Wednesdays 11:30am – 1:30pm.....\$325 per Session
- Tulips (30 - 36 months)* Thursdays 11:30am - 1:30pm.....\$325 per Session
- Water Lilies (37 months and older)* Friday 9:00 - 11:30am.....\$325 per Session

**3. Complete Application.** Then email it to parent-child@sacwaldorf.org, mail it to the school (3750 Bannister Road, Fair Oaks, CA 95628), or bring it to the school office.

**4. Payment:** If you are accepted into the program, payment will be made by PayPal before each Session begins. There is a PayPal button on the www.SacWaldorf.org website titled "Pay School Fees" for this purpose.

### Child

Female  Male

Legal First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

### Parents

Name: Mr Ms \_\_\_\_\_

Name: Mr Ms \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

### Person Bringing the Child to Class (if not parents)

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Please describe your child at home. Include siblings, extended family, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us about your child's eating habits. Are there any allergies or food preferences? Are they nursing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please use this space to include any additional information you would like to share with us about your child:

\_\_\_\_\_

\_\_\_\_\_

What are your expectations from this Program? \_\_\_\_\_

\_\_\_\_\_

Please indicate a few of the topics you would like to discuss in class: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Sacramento Waldorf School?

\_\_\_\_\_

Have you attended:  Our Harvest Fair?       An Open House?       Another event on campus?

Were you referred by an SWS parent? Name \_\_\_\_\_

Did you visit our Website, Facebook page, or school search website? \_\_\_\_\_

**All Custodial Parents or Guardians MUST Sign This Application**

I/We understand that all payments will be made through the Sacramento Waldorf School PayPal account after our child has been accepted. I/We understand payments are due before the Session begins.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**The Sacramento Waldorf School does not discriminate on the basis of race, sex, religion, or national origin in admission policy, or in the conduct of its educational, recreational, athletic, or aid programs.**

**Office Use:** Date Application Received: \_\_\_\_\_ Date PayPal Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_