



SACRAMENTO WALDORF SCHOOL

Parent-Child Application for Admission

1. Select a Session

- Fall Session: September 12, 2017 – November 17, 2017
- Winter Session: November 28, 2017 – February 16, 2018
- Spring Session: February 27, 2018 – June 1, 2018

(There Are No Classes During School Breaks)

2. Select a Class

- Tuesdays 0 to 6 month old 9:30 – 10:30am\$200 per Session
- Tuesdays 7 to 12 month old 11:00am – 12:00pm.....\$200 per Session
- Wednesdays 1 to 2 years old 9:00 – 10:30am.....\$300 per Session
- Wednesdays 2 to 3 years old 11:00am – 12:30pm.....\$300 per Session
- Thursdays 3 to 4 years old 11:00am – 12:30pm.....\$300 per Session
- Fridays 3 to 4 years old 11:00am - 12:30pm.....\$300 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: After 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, their birthdates, 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: \$ _____