Madison Waldorf School

A developing member of the Association of Waldorf Schools of North America
6510 Schroeder Road Madison, WI 53711
(608) 270-9005

Application for Enrollment - Parent Child Program
Apple Blossom Playgroup - 2st Semester 2012

Please enclose a non-refundable payment for your chosen day.

Child's Name _____ Sex___ DOB_____
First Middle Last

Parent's Name _____

Address _____City _____Zip _____

Phone _____ e-mail_____

Cell Phone Number(s) _____

I would like to enroll myself and my child in the program checked below. I understand that once my application has been accepted, the program fee is non-refundable.

___**MONDAYS**				
January 9th	May 21th	*** note we will not meet	1/16, 2/20, 4/2, 4/9	**Total of 17 weeks- $340**
___**TUESDAYS**				
January 10th	May 29th	***note we will not meet	2/21, 4/3	**Total of 19 weeks- $380**
___**WEDNESDAYS**				
January 11th	May 30th	***note we will not meet	2/22, 4/4	**Total of 19 weeks- $380**
___**THURSDAY**				
January 12th	May 31th	***note we will not meet	2/23, 4/5	**Total of 19 weeks- $380**
___**FRIDAYS**				
January 13th	June 1st	***note we will not meet	2/24, 4/6	**Total of 19 weeks- $380**

_____
Parent Signature Date

Please let us know of any concerns or special needs you and your child might have:_____
_____
_____

Below for office use only

Date Received_____
Discount Received_____
Program Fee check #_____
Date Family contacted_____