



Apple Blossom Parent Child Playgroup

Application for Enrollment 2018-2019
Wednesdays, February 6-May 1, 9:30-11:00am
(Feb. 6, 13, 27; Mar 6,13, 20; Apr. 3, 10, 17, 24; May 1)

Child's Name _____ Sex ___ Child's DOB _____

Sibling's Name (if attending the program) _____

Parent's Name(s) _____

Accompanying Adult and Relationship to child (if not parent) _____

Address _____ City _____ Zip _____

Phone _____ e-mail _____

Cell Phone Number(s) _____

Please use this space to include any additional information or concerns you would like to share with us about your child (children):

Do you or your child have health concerns or allergies or food restrictions? (if yes, please describe):

How did you hear about our program?

Please enclose the non-refundable payment of \$165.00 with your application (Sibling rate: \$150.00) I understand that once my application has been accepted, the program fee is non-refundable.

Parent's Signature

6510 SCHROEDER ROAD ● MADISON WISCONSIN 53711
608-270-9005 ● WWW.MADISONWALDORF.ORG ● INFO@MADISONWALDORF.ORG

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