

## Parent and Infant Program Registration Form

### Fall Sessions 2018

<b>Child's First Name</b>	Child's Last Name	<b>Gender</b>
		M    F
Please indicate any allergies		<b>Date of Birth</b>
		Year    Month    Day
<b>Session Dates: <i>please choose one</i></b>		<b>Program Cost &amp; Terms</b>
<input type="checkbox"/> Session I - Wed Sept 12 to Oct 24, 2018 7 classes for \$150 1:30pm to 3pm  <input type="checkbox"/> Session II Wed Nov 7 to Dec 19, 2018 7 classes for \$150 1:30pm to 3pm  <input type="checkbox"/> Session I and Session II - \$285		Please make cheque payable to: Halton Waldorf School or request a direct debit form  Amount paid: _____  Date received: _____  Name on Credit Card _____ <b>Payment in full is due with form</b> in order to guarantee your placement. We cannot hold or guarantee spaces without payment. No refunds or credits for missed days or withdrawals. <b>No charge for second child under 6 months. Fees reduced 50% for second child over 6 months.</b>
<b>Name of Parent or Guardian Attending</b>		<b>Full Mailing Address with Postal Code</b>
<b>Contact Information</b>		<b>In Case of Emergency</b>
Primary Number:		<b>Emergency Contact Name:</b>
Secondary Number:		<b>Emergency Contact Number:</b>
Email Address:		
<b>Signature of Parent or Guardian</b>		<b>How did you hear about us?</b>
_____		<input type="checkbox"/> I'm re-enrolling <input type="checkbox"/> Website <input type="checkbox"/> Friend attended <input type="checkbox"/> Open House / Tour <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Advertisement _____ (please specify)
<b>Date</b>		