

Parent and Child Program Registration Form
Spring Session: January 7 – March 9, 2019

Child's First Name	Child's Last Name	Gender
		M F
Please indicate any allergies or dietary restrictions		Date of Birth
		Year Month Day
Session Dates: <i>please choose one only</i>	Program Cost & Terms	
<input type="checkbox"/> Mondays: Jan 7 – March 4 9 classes for \$288 (no class Feb 18) <input type="checkbox"/> Tuesdays: Jan 8 – Mar 5 10 classes for \$320 <input type="checkbox"/> Wednesday: Jan 9 – Mar 6 10 classes for \$320 <input type="checkbox"/> Thursdays: Jan 10 – Mar 7 10 classes for \$320 <input type="checkbox"/> Fridays: Jan 11 – Mar 8 (no class Feb 8 & 15) 8 classes for \$256 (no class Oct 5 & Nov 2) <input type="checkbox"/> Saturdays: January 12 – Mar 9 10 classes for \$320	Please make cheque payable to: Halton Waldorf School or pay by direct debit at the front desk. Amount paid: _____ Date received: _____ Payment in full is due with form in order to guarantee your placement. We cannot hold or guarantee spaces without payment. No refunds or credits for missed days or withdrawals. No charge for second child under 6 months. Fees reduced 50% for second child over 6 months.	
Name of Parent or Guardian Attending		Full Mailing Address with Postal Code
Contact Information		In Case of Emergency
Primary Number:		Emergency Contact Name:
Secondary Number:		Emergency Contact Number:
Email Address:		
Signature of Parent or Guardian		How did you hear about us?
		<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)
Date		