



Enrollment Application for Parent-Child

Date of Application: _____

Child's Name: _____ Child's Birthdate: _____

Please choose which session and day you would like to attend:

Fall Spring First Available Session

Monday Tuesday Wednesday Thursday Friday Any

Each session consists of fifteen classes. Class time is 9-11:30am. Space is limited to six families per day.

*Tuition is \$475 per session. One caregiver from each family must attend a new family orientation meeting.

The child to caregiver ratio must be 1:1. Younger siblings of participating children can accompany caregivers until they are of crawling age.

Parent/Guardian Information:

Name: _____ Name: _____

Address: _____ Address: _____

Address: _____ Address: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Would you like to be notified of upcoming school events? Yes No

I/we give WSP permission to take and use photos of my child for publicity purposes. Yes No

I/we understand \$475 is due 30 days prior to the start of the session. This payment is non-refundable.

I/we understand that if enrollment is not available at the time of application, I/we will be contacted about enrollment options.

Signature of Parent: X _____ Date: _____

Print Full Name: _____

Please return completed applications to: Admissions Coordinator, The Waldorf School of Philadelphia, 6000 Wayne Ave., Philadelphia, PA 19144. Email questions to: davism@phillywaldorf.com

** Please note that tuition is subject to change. Notice will be given prior to enrollment confirmation.*