



## Enrollment Application for Parent-Child

Date of Application: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birth date: \_\_\_\_\_

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

Fall     Winter     Spring     First Available Session

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Any

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

\*Tuition is \$295 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: \_\_\_\_\_

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 \$295 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: Director of Admissions, The Waldorf School of Philadelphia, 6000 Wayne Ave., Philadelphia, PA 19144. Email questions to: [admissions@phillywaldorf.com](mailto:admissions@phillywaldorf.com)

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