

PARENT & CHILD CLASSES

FALL 2017 REGISTRATION FORM

LAKE CHAMPLAIN
WALDORF
SCHOOL

CHILD'S NAME

CHILD'S BIRTH DATE

PARENT NAMES

Select the program you are registering for:

MOON GARDEN

Newborns – Beginning Walkers

10 weekly classes

\$180 (\$150 if registered by Aug 18)

☐ 10 Mondays, 9:00-10:30 am
beginning Sept 11

☐ 10 Thursdays, 11:30-1:00
beginning Sept 14

SUN GARDEN

Confident Walkers – 20 months

10 weekly classes, 9:00–10:30 am

\$225 (\$200 if registered by Aug 18)

☐ 10 Thursdays beginning Sept 14

STAR GARDEN

Children 20 months – 4 years

10 weekly classes, 9:00–11:00 am

\$300 (\$270 if registered by Aug 18)

Please mark your 1st and 2nd choice:

☐ 10 Tuesdays beginning Sept 12

☐ 10 Wednesdays beginning Sept 13

☐ 10 Fridays beginning Sept 15

Additional sibling fee (if applicable): \$25

Total enclosed _____

Have you previously attended our parent and child programs? _____

If not, how did you hear about this program? _____

Please complete the following if this is a new application, or if your information has changed:

ADDRESS

HOME PHONE

WORK OR CELL PHONE

E-MAIL ADDRESS

ADULT ACCOMPANYING CHILD (IF NOT PARENT)

RELATIONSHIP TO CHILD

HOME PHONE

WORK OR CELL PHONE

E-MAIL ADDRESS

SIBLINGS NAMES & AGES

What are you hoping to get from this program? _____

Is there anything that you would like to share about your child or your parenting experience?

Are there particular parenting topics that you are interested in exploring together in our group?

Does your child have health concerns or allergies? (If yes, please explain):

What other parent and child programs or classes are you or have you attended?

Do we have permission to use photos of your child? ☐ yes ☐ no

Please return completed form with non-refundable fee to:

LCWS – PARENT & CHILD PROGRAM, 359 TURTLE LANE, SHELBURNE, VT 05482