



Parent & Child Program Registration Form

Sept 21 – Nov 23, 2010

Child's First Name		Child's Last Name	
Please indicate any allergies or dietary restrictions		Male or Female?	Date of Birth
			Year Month Day
Session Dates: <i>please check all that apply</i>		Program Cost & Terms	
<input type="checkbox"/> Tuesdays Sept 21 – Nov 23 <input type="checkbox"/> Thursdays Sept 23 – Nov 25 <input type="checkbox"/> Saturdays Sept 25 – Nov 27 A snack is provided during the program.		\$225 per 10-week session Please make cheque payable to: Alan Howard Waldorf School. Payment in full is due with form in order to guarantee your placement. We do not guarantee spaces without payment. No refunds for missed days.	
Name of Parent or Guardian Attending		Full Mailing Address with Postal Code	
Primary Telephone Number		Emergency Contact Name	
Secondary Telephone Number		Emergency Contact Number	
Email Address			
Signature of Parent or Guardian		How did you hear about us?	
		<input type="checkbox"/> Friend attended <input type="checkbox"/> Word of mouth <input type="checkbox"/> Website <input type="checkbox"/> Open House or Tour <input type="checkbox"/> Flyer <input type="checkbox"/> Advertisement _____ <i>(please specify which advertisement)</i>	
Date			

Please tell your friends about our Parent & Child program.