



Application for Parent and Toddler Mornings Enrollment

Date of Application _____

Name of Applicant: _____
(First) (Middle) (Last) (Nickname)

Date of Birth: _____ Gender: M F

Each program consists of ten morning sessions and is limited to six families. To participate in the program, an adult must attend an introductory meeting. Tuition: \$275.00.

Please choose which session and day that you would like to apply for: Fall Winter Spring Any Available
 Thursday (9-11:30 a.m.) Friday (9-11:30 a.m.) Saturday (9:30 a.m.-12 p.m.) Any Available

Select which parent will be participating:

Parent/Guardian1 _____
(first and last names)

Address _____

Home Phone: _____

Cell or Daytime Phone: _____

Email: _____

Occupation: _____

Parent/Guardian2 _____
(first and last names)

Address _____
(if different)

Home Phone: _____

Cell or Daytime Phone: _____

Email: _____

Occupation: _____

Would you like to be notified about upcoming school events? Y N

I/we have enclosed the application and a check payable to The Waldorf School of Philadelphia in the amount of \$275.00. I/we understand that if enrollment is not available at the time of application, I will be contacted about enrollment options.

Signature of Parent X _____ Date _____

Please Print Full Name _____

Please return the completed application and your check to the Director of Admissions at The Waldorf School of Philadelphia, 7500 Germantown Avenue, Eagles II Building, Philadelphia, PA 19119

(For Office Use Only)

Session: Fall Winter Spring **Day:** Thursday Friday Saturday

Payment: Check # _____ Credit Card

Approved By: _____ **Date:** _____