

Susquehanna Waldorf School Parent/Child Application 2008-2009

Applications are due with a nonrefundable fee of \$50.

Child's Name _____
first middle last date of birth

Address _____
street city state/zip

_____ *phone number social security no.*

___ Male ___ Female

Please indicate the program you are enrolling in:

___ Sweet Pea Program ___ Sprouts Program

Please indicate which session you are enrolling in:

___ Session I: 18 mornings ___ Session II: 18 mornings ___ Session III: 18 mornings ___ Mini-session

___ Session I: 18 mornings ___ Session II: 18 mornings ___ Session III: 18 mornings

Mother's Name _____
first middle initial last

Mother's Address (if different than child's*) _____
street

_____ *city state zip phone number e-mail address (optional)*

Father's Name _____
first middle initial last

Father's Address (if different than child's*) _____
street

_____ *city state zip phone number e-mail address (optional)*

Marital status: Married Divorced Separated Single

Mother's Occupation _____ work hours/days _____

Work Address _____
street city state/zip phone number

Father's Occupation _____ work hours/days _____

Work Address _____
street city state/zip phone number

Please list all siblings of applicant:

_____ *name birth date grade/school*

_____ *name birth date grade/school*

_____ *name birth date grade/school*

How did you learn about SWS? _____

Parent/Guardian Signature _____ Date _____

Please Note: A nonrefundable fee of \$50 must accompany this application. Application will not be processed without fee. Final acceptance is based upon personal interview by faculty member and the availability of space. Applicants are considered for admission without regard to race, religion, ethnic origin or sex.

FOR OFFICE USE ONLY

Route: Admissions Coordinator Business Manager Office Manager

Registration Fee paid: Ck # _____ Date: _____ Ck #: _____ Date: _____ Teacher: _____