


All Sessions from 9:30am-11:30am
Cost of \$200 per each 8-week session is paid in full in advance.
Ages: 1-3 years. There is a 50% discount for each additional sibling.
Pre-register for all 3 sessions and get \$75 discount.

Sweet Pea Garden Application

Please list 1st, 2nd, 3rd choice of day in order of preference, or indicate  if attendance is not possible on a certain day.

Autumn Session

Tuesdays: Sep. 18 – Nov. 13, 2007

Wednesdays: Sep. 19 – Nov. 14

Thursdays: Sep. 20 – Nov. 15

No class Oct. 30 - Nov. 1, 2007

Winter Session

Tuesdays: Dec. 11, 2007- Feb. 12, 2008

Wednesdays: Dec. 12 – Feb. 13

Thursdays: Dec. 13 – Feb. 14

No class Dec. 25 - Jan. 7, 2008

Spring Session

Tuesdays: April 8 - May 27, 2008

Wednesdays: April 9 - May 28

Thursdays: April 10 - May 29

How or from whom did you hear about the Sweet Pea Program? _____

Child's Name: _____ **Birthday:** _____ **Age:** _____ **Sex:** _____

Address: _____

Parent #1:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Parent #2:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Additional persons who can be called in an emergency:

Name: _____ **Relationship:** _____

Home#: _____ **Work#:** _____ **Cell#:** _____

Name: _____ **Relationship:** _____

Home#: _____ **Work#:** _____ **Cell#:** _____

Please give information about your child that would be helpful to the teacher. For example: special interests or abilities; physical characteristics, nursing, food preference, food allergies, pertinent medical information, health, illnesses.

If the child does not live with both parents, please describe the child's living situation:

Please list the names and ages of other children in the family:

Please describe a typical day for your child.

What do you value most about early childhood and parenting?

What is your familiarity with Waldorf education? (For example, lectures attended, books read, how you heard of the school.)

What do you find most challenging about parenting?

What are you hoping to find in this class for you and your child?

Special Instructions/Notes:

Parent(s) Signature: _____ Date: _____

Payment due in full for each session by the first day of class. Please bring registration materials and payment to the SVWS Administrative Office or mail to:

Shepherd Valley Waldorf School - Sweet Pea Garden. 6500 West Dry Creek Pkwy. Niwot, CO. 80503

Check Enclosed. Please make your checks payable to **Shepherd Valley Waldorf School**

CreditCard#: _____ / _____ / _____ / _____ .Expire: _____ / _____

Please supply the 3-digit v-code from back of card: _____ Signature _____

Shepherd Valley Waldorf School does not discriminate on the basis of race, religion, or national origin in its admission policy or conduct of its educational programs.

For Office Use Only Below This Line:

Payment Amount: _____ Check _____ Visa _____ Cash _____