



**All Classes are from 9:30am – 11:30am.** Pre-register for all 3 sessions with a \$350 deposit and get a **\$25/family discount.** Each additional enrolled sibling receives a **20% discount.**

**There is a mandatory parent orientation at 6:30pm on Tuesday before the first class of each session.**

Please list 1<sup>st</sup> and 2<sup>nd</sup> choice of day in order of preference, or indicate with if attendance is not possible on a certain day.

**Autumn Session**  
**8 Weeks/ \$200**  
 **Thursdays:** Sep. 18 - Nov. 6, 2008  
 **Fridays:** Sep. 19 - Nov. 7, 2008

**Winter Session**  
**4 Weeks/ \$100**  
 **Thursdays:** Jan. 15, 2009 - Feb. 5, 2009  
 **Fridays:** Jan. 16, 2009 - Feb. 6, 2009

**Spring Session 8 Weeks/\$200**  
 **Thursdays:** Mar. 12, 2009 - May 14, 2009  
No Class April 9 or April 16  
 **Fridays:** Mar. 13, 2009 - May 15, 2009  
No Class April 10 or April 17

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Parent #1:** Name: \_\_\_\_\_ **Parent #2:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

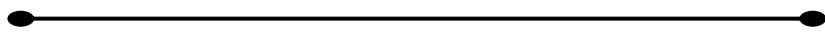
Work Phone: \_\_\_\_\_ cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional person who can be called in an emergency:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_



Please provide 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, adoption, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child does not live with both parents, please describe his/her living situation:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Describe a typical day for your child. Please include wake-up, nap and bed times.

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What do you value most about early childhood and parenting?

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

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What do you find most challenging about parenting?

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

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pre-registering for all three sessions? If **No**, indicate payment: \_\_\_\_\_

If **Yes**, please include \$350 deposit\* or full amount: \_\_\_\_\_

Three session discount: - \$25

Enrolling sibling in Sweet Pea Garden?

If **Yes**, apply a 20% discount for second child: \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_

Balance Due: \_\_\_\_\_

**Payment due in full with registration form.**

\*The remainder of the balance will be due by the first day of each session.

Please bring registration to the Shepherd Valley office **at least two weeks before the session begins** or mail to: **Shepherd Valley Waldorf School - Sweet Pea Garden. 6500 West Dry Creek Pkwy. Niwot, CO. 80503**  
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.*