



Parent Child Program 2018-19

Child's Name _____ Date of Birth _____ Gender _____

Parent's Names _____

Address _____

Email Addresses _____

Home Phone _____ Cell Phone _____

Classes for Parents and Toddlers (pre-birth to 3) ♥ 9am-11am:

Session A. Fridays • \$150

Sept 21, 28 & Oct 5, 12, 19, 26

Session C. Fridays • \$150

Jan 11, 18, 25 & Feb 1, 8, 22

Session B. Fridays • \$150

Nov 2, 9, 16, 30 & Dec 7, 14

Session D. Fridays • \$125

Mar 1, 8, 15, 22, 29

Session E. Fridays • \$150

Apr 5, 12, 26 & May 3, 10, 17

Please check your preferred session here. A B C D E

To secure your place in a session return payment and form. Confirmation of enrollment will be sent upon receipt of payment and form. Mail to **Acorn Waldorf School, 2911 Lucas Tpke, Accord, NY 12404.**

By signing below, I understand that I am enrolling in Acorn Waldorf School's Parent Child Program for the session indicated above. I understand that there are no refunds for missed classes. Make up classes may replace missed classes if space allows.

Parent Signature _____ Date _____

Questions: Please contact Motria Shuhan at motria@acornws.org