



525 West Falls Rd., West Falls, NY 14170
phone: 716-655-2029 fax: 716-655-3265

APPLICATION FOR PARENT-TODDLER PROGRAM

Parents, children, and teacher come together in a supportive and nurturing atmosphere. Our morning is filled with meaningful work as we prepare a wholesome snack, work with natural materials, enjoy simple, open-ended play and join together for puppet shows, songs, rhymes and finger plays. The classes offer information and give parents an opportunity to discuss child development, parenting issues and Waldorf education with an experienced Waldorf teacher. It is a great opportunity to learn something new and enhance your home life.

Parent Toddler classes are offered for **infants to three year olds and a parent or guardian**. Applicants will be placed on a first come, first serve basis. Please note that cost is per family, **not per child**. **Please register promptly as space is limited.**

Child's Name: _____ Birth date: ____/____/____ Gender: M or F

Child's Name: _____ Birth date: ____/____/____ Gender: M or F

Select the semester(s) you are interested in attending:

Fall: 12 week session beginning the week of September 9, 2019 \$325

Spring: 18 week session beginning the week of January 6, 2020 \$490

Class meets once per week from **9:00am-11:00am**. Please indicate your top 3 choices.

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Address _____ Address (if different) _____

City, State, Zip _____ City, State, Zip _____

Email _____ Email _____

Employer/ Occupation _____ Employer/ Occupation _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Names and ages of other children in family: _____

Please list any food allergies or sensitivities: _____

Whom may we thank for referring you to AWS? _____

(an AWS family, web site, magazine ad., etc.)

Photo Release: I/We hereby give permission for any photos or videos taken of our child/ren to be reproduced in Aurora Waldorf School printed, electronic or any other promotional media, including social networking sites.

Signature: _____

Payment in full is required to reserve your space in the Parent Toddler Program.

Please mail the completed registration form and check payable to AWS. Please retain a copy for your reference.

Aurora Waldorf School admits students of any race, color, national and ethnic origin and does not discriminate on the basis of race, color, gender or national and ethnic origin in admissions, educational policies, or any school program.

FOR OFFICE USE ONLY: Date received: _____ In QB: _____ In Achieve: _____ Day Attending: _____

Date Returned to Admissions: _____

S:\Admissions Forms\Parent-Toddler App 2019-20.docx