

FRIDAY EARLY CHILDHOOD ENRICHMENT REGISTRATION FORM



STUDENT INFORMATION

First Name _____ Last Name _____

Date of Birth Month _____ Day _____ Year _____

What are your child's strengths and interests?

We ask that parents share any potential or existing health, educational, or behavioural needs for the child(ren) they are seeking to enrol in the Waldorf Early Childhood enrichment program. Sharing this information is essential to help determine whether we can meet their needs while continuing to meet the needs of the other children in the program.

What are the potential or existing health, educational, or behavioural needs for all children you're seeking to enrol? If none, please put N/A.

Please note that any identified / diagnosed physical, developmental, or behavioral needs may require an assessment with the Program Leader and Pedagogical Director prior to confirming registration. All needs of this nature must be disclosed in advance so we are able to create a positive experience for all involved.

The camp reserves the right to ask that a child not return to the program if their behaviour is deemed to be unsafe, harmful to staff and/or other children, or repeatedly disruptive to the program.

- FALL TERM** - September 6 to December 20, 2024 (no programming on October 11, November 1, November 22)
13 mornings, Cost \$416
- WINTER TERM** - January 10 to March 7 (no programming on January 31)
8 mornings, Cost \$256
- SPRING TERM** - March 28 to June 20 (no programming on April 18, May 30)
11 mornings, Cost \$352

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PARENT/GUARDIAN CONTACT INFORMATION

Full Name	Full Name
Home Address	Home Address
Phone Numbers 1. 2.	Phone Numbers 1. 2.
Email Address	Email Address

EMERGENCY ALTERNATE CONTACT INFORMATION (if parents/guardians cannot be reached)

Name	Name
Phone Numbers 1.	Phone Numbers 1.
Relationship to student	Relationship to student

Describe allergies (e.g., animals and food), required medications, and pertinent medical history:

In the event that the student, named above, requires hospital care in my absence, I authorize Mulberry Waldorf School to act on my behalf to ensure immediate emergency treatment.

Parent/Guardian Signature