



SACRAMENTO WALDORF SCHOOL

2018/2019 Parent-Child Application for Admission

1. Select a Session

Fall Session: Week of September 10, 2018 - Week of November 12, 2018

Winter Session: Week of November 26, 2017 - Week of February 15, 2018

Spring Session: Week of February 25, 2018 - Week of May 27, 2018

(There Are No Classes During School Breaks)

2. Select a Class

Tuesdays 2 to 3 years old 9:00 – 11:00am \$325 per Session

Wednesdays 2 to 3 years old 9:00 – 11:00am \$325 per Session

Thursdays 1 to 2 years old 9:00am – 10:30am \$300 per Session

Fridays 3 to 4 years old 9:00am - 11:00am \$325 per Session

Extra Sibling can be added after conferring with the teacher. Up to 1 year old \$100 per Session
1 to 4 years old \$150 per Session

3. Complete Application: Email the completed application to admissions@sacwaldorf.org or mail it to the school (3750 Bannister Road, Fair Oaks, CA 95628), or bring it to the school office.

4. Payment: Before each session begins, payment can be made using PayPal on the www.SacWaldorf.org website. There is a “Pay School Fees” button on the bottom of the main page. You can also pay with cash or a check to Sacramento Waldorf School.

Child

Female Male

Legal First Name: _____ Middle: _____ Last: _____

Childs Preferred Name: _____ Date of Birth: _____ City, State Where Born: _____

Parents

Full Name: Mr Ms _____ Full Name: Mr Ms _____

Street Address _____ Street Address _____

City, ST Zip _____ City, ST Zip _____

Home Phone: _____ Mobile Phone: _____ Home Phone: _____ Mobile Phone: _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Person Bringing the Child to Class (if not a parent)

Full Name: Mr Ms _____ Full Name: Mr Ms _____

Relationship to Child: _____ Relationship to Child: _____

Street Address _____ Street Address _____

City, ST Zip _____ City, ST Zip _____

Home Phone: _____ Mobile Phone: _____ Home Phone: _____ Mobile Phone: _____

E-mail: _____ E-mail: _____

Please describe your child at home. Include siblings, their birthdates, extended family, etc. _____

Please tell us about your child's eating habits. Are there any allergies or food preferences? Are they nursing?

Please use this space to include any additional information you would like to share with us about your child:

What are your expectations from this Program?

Please indicate a few of the topics you would like to discuss in class:

How did you hear about Sacramento Waldorf School?

Have you attended: Our Harvest Fair? An Open House? Another event on campus?

Were you referred by an SWS parent? Name _____

Did you visit our Website, Facebook page, or school search website? _____

**I understand that I am responsible for my child while at the Sacramento Waldorf School.
I understand payments are due before attending the first class.**

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

The Sacramento Waldorf School does not discriminate on the basis of race, sex, religion, or national origin in admission policy, or in the conduct of its educational, recreational, athletic, or aid programs.

Office Use: Date Application Received: _____ Date Pymt Received: _____ Amount: \$ _____