



PARENT CHILD PROGRAM 2016-2017

You and your young child are invited to join our Parent Child program for indoor and outdoor play time, parenting coaching, songs, stories, puppets, simple crafts, and snack time. Our program welcomes adult caregivers with children from infancy to age three in a nurturing, lively atmosphere.

Classes are held from 9:00 a.m. - 11:00 a.m. in three sessions over the year. Sessions are 9 - 11 weeks a year and are offered Tuesdays and Wednesdays. Thursdays may be added upon demand. Space is limited and filled on a first-paid, first-served basis. Fax, email, or mail in your registration form and **non-refundable** payment in order to secure your place in the class.

Please complete the form and send with your payment to: parentchild@honoluluwaldorf.org, fax: (808) 373-2040 or mail: Honolulu Waldorf School, 350 Ulua Street, Honolulu, HI 96821

Child's Name _____ Age _____ Birthday _____ Gender M / F

Allergies _____

Names and ages of siblings _____

In what other programs does your child participate in? _____

	Parent 1 / Guardian	Parent 2 / Guardian
Name		
Address		
City, State, Zip		
Res. Phone		
Cell Phone		
Work Phone		
Email		
Occupation		
Employer		

Each session meets once per week. Please indicate your choice of day.

Enrollment is on a first paid, first served basis.

<u>Quarter 1: Oct. 4th – Dec. 14th</u>	<u>Quarter 2: Jan. 4th – March 15th</u>	<u>Quarter 3: March 28th – June 1</u>
<input type="checkbox"/> Tuesdays 10 weeks \$ 300.00	<input type="checkbox"/> Tuesdays 9 weeks \$ 270.00	<input type="checkbox"/> Tuesdays 10 weeks \$ 300.00
<input type="checkbox"/> Wednesdays 10 weeks \$ 300.00	<input type="checkbox"/> Wednesdays 11 weeks \$ 330.00	<input type="checkbox"/> Wednesdays 10 weeks \$ 300.00
Parent Day: Saturday, Oct. 22nd	Parent Day: Saturday, Jan. 21st	<input type="checkbox"/> Thursdays 10 weeks \$ 300.00
No Class - Tuesday, Oct. 11th	No Class - Tuesday, Feb. 21st	Parent Day: Saturday, April 22st
No Class - Wednesday, Nov. 9th		

Enclosed is my payment: Check \$ _____ (payable to the Honolulu Waldorf School): Cash \$ _____

Please charge my credit card: Visa \$ _____ MasterCard \$ _____ Discover Card \$ _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Complete Billing Address Associated with Credit Card. Same as above OR _____

Confirmation: You will receive confirmation upon receipt of registration form and payment.

Please note: A separate application process is required for admissions into the Honolulu Waldorf School Preschool and Kindergarten Programs. Participation in the Parent-Child Program does not necessarily guarantee enrollment.