

**MOUNTAIN LAUREL WALDORF SCHOOL
APPLICATION - SUNFLOWER GARDEN PROGRAM**

Child's Full Name _____

Birth Date _____

Home Address _____

City/State/Zip Code _____

School District _____

E-mail Address _____

Days of the Week:

_____ **Friday 9:15 AM – 11:15 AM**

Sessions:

_____ **Fall Session**

_____ **Winter Session**

_____ **Spring Session**

Father's Name _____

Home Address _____

City/State/Zip Code _____

Home Phone _____ Business/or Cell Phone _____

Mother's Name _____

Home Address _____

City/State/Zip Code _____

Home Phone _____ Business/or Cell Phone _____

Who is financially responsible for school expenses?

Please state briefly the reason(s) for your interest in this school.

How do you wish to pay your tuition?

- In full before beginning the session
- In two installments, 50% up front and 50% after seven weeks

Is your child currently receiving, or has she or he in the past received, professional help for learning, emotional, or behavioral difficulties yes no. If yes please attach a statement outlining the difficulties.

Please return this application along with a \$50 deposit to:

The Mountain Laurel Waldorf School does not discriminate on the basis of race, religion, color, nationality or ethnic origin in its admissions, tuition assistance or educational policies.

I allow the School to use photographs of my child(ren) or of his/her (their) work for public relations materials.

For School Use only.

Date application received _____

Placement approved by admissions committee _____

Grade Placement _____

Nursery/Kindergarten

Mornings _____

Approved by _____

Afternoons _____

Approved by _____