



**APPLICATION - SUNFLOWER GARDEN PROGRAM**

Child's Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

School District \_\_\_\_\_

E-mail Address \_\_\_\_\_

*Program availability:*

\_\_\_ Fridays 9:15 – 11:15     \_\_\_ Saturdays 9:15 – 11:15

*Sessions:*

\_\_\_ Fall Session     \_\_\_ Winter Session     \_\_\_ Spring Session

Name (Parent 1) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/or Cell Phone \_\_\_\_\_

Name (Parent 2) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/or Cell Phone \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Tuition is due in full before the beginning of each session.* Please include your payment along with the completed application and mail to:

Mountain Laurel Waldorf School  
Attn: Sunflower  
PO Box 939  
New Paltz, NY 12561

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.

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**For School Use only**

Date application received \_\_\_\_\_

Placement approved by admissions committee \_\_\_\_\_

Mornings \_\_\_\_\_ Approved by \_\_\_\_\_

Afternoons \_\_\_\_\_ Approved by \_\_\_\_\_