



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.

For School Use only

Date application received _____

Placement approved by admissions committee _____

Mornings _____ Approved by _____

Afternoons _____ Approved by _____