

Prairie Moon Waldorf School Homeschool Enrichment Program Spring 2010

Thank you for interest in Prairie Moon Waldorf School's first Homeschool Enrichment Program.

The following are required documents for enrolling your child in the program.

Checklist:

_____ Class Registration Form (in this document)

_____ Payment Submitted

_____ Class Participation Guidelines (in this document)

_____ Emergency Contact Form (in this document)

Please contact the school's office manager, Melissa Watson if you have additional questions.

785.841.8800

priariemoonschool@sbcglobal.net

Prairie Moon Waldorf School Homeschool Enrichment Program Spring 2010

Class Registration Form

Fill out completely, along with Conditions of Participation and Emergency Medical forms (attached). If registering more than 2 children, please complete a second form

Parent Information

First Name	Last Name	
Street Address:		
City:	State:	Zip Code:
Home Phone:	Cell phone:	
Email:		

Student #1

First Name	Last Name		
Birthdate:	Male	Female	(circle one)
Please list any special needs:			

Student #2

First Name	Last Name		
Birthdate:	Male	Female	(circle one)
Please list any special needs:			

Student #3

First Name	Last Name		
Birthdate:	Male	Female	(circle one)
Please list any special needs:			

Payment (a series of 6 sessions of 2 classes costs \$120 per child)

Student #1		\$
Student #2		\$
Student #3		\$
Supply fee: \$25 x # _____ child(ren)		\$
	Subtotal	\$
TOTAL AMOUNT DUE		\$
Make checks payable to Prairie Moon Waldorf School Form can be mailed with payment: Prairie Moon Waldorf School 1853 E. 1600 Road Lawrence, KS 66044		

Prairie Moon Waldorf School reserves the right to cancel a class when the required minimum enrollment is not met. Those enrolling will receive a full refund of their fee. I understand this policy.

Parent Signature

Date

Prairie Moon Waldorf School: Homeschool Enrichment

Conditions of Participation

Our mission is to create a safe, healthy, nurturing learning environment for all of our students. In order to provide an atmosphere conducive to this goal, please read and adhere to the following:

1. Sign your children in and out at the registration table. Children may only be picked up by a parent or authorized persons.
2. Medical form must be completely filled out and include a current number and emergency contact. Parent/guardian is responsible to advise PMWS Office Manager of any changes to the medical consent.
3. Please make sure your children have had a nutritious meal or snack before their session begins.
4. Students may bring a water bottle, labeled with their name. PMWS is not responsible for lost, stolen or broken items.
5. Students may bring a nutritious snack to eat during the break. Please have it labeled. Please do not send sugary snacks, candy or sodas.
6. If your children are participating in an art class, they may get paint, etc., on their clothing; you may wish to provide your child with a smock or large t-shirt to put over their clothes.
7. Closed toed sneakers (with ties, not Velcro) are required for Spacial Dynamics class.
8. As a parent/guardian, you are welcome to stay with other child. If you leave, please be prompt in picking up your child at the end of class as this program is not a licensed childcare facility.
9. Please do not bring your children or siblings if they have a fever or a productive cough/respiratory congestion.
10. No electronic devices are to be brought to any PMWS classes or events. In consideration of teachers, students and other parents, if parents need to use a cell phone, please do so outside.
11. PMWS reserves the right to dismiss a student from the class for repeated disruptive behavior. There are no refunds for dismissal.

_____ (initial) I agree to the above conditions of participation and have explained these conditions to my children.

_____ (initial) I give PMWS all rights and permission to use photographs and video taken of my child to be used for promotional and advertising purposes.

Absence: If your child is going to be absent, please call PMWS as soon as possible at 785.841.8800. There are no refunds for absences.

I/we the undersigned as parent/guardian of _____ agree to the above PMWS Conditions of Participation.

Signature Date

Print name

Emergency Contact and Medical Information for Child

<hr/> Child's Name	<hr/> Date of Birth		M	F
			Sex	
<hr/> Parent's/Guardian's Name ()	<hr/> Parent's/Guardian's Name ()	<hr/> Parent's/Guardian's Name ()	<hr/> Parent's/Guardian's Name ()	
<hr/> Home Phone	<hr/> Work / Cell Phone	<hr/> Home Phone	<hr/> Work / Cell Phone	
<hr/> Address	<hr/> Address			
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code			

Alternative Emergency Contacts

<hr/> Primary Emergency Contact ()	<hr/> Secondary Emergency Contact ()		
<hr/> Home Phone	<hr/> Work / Cell Phone	<hr/> Home Phone	<hr/> Work / Cell Phone
<hr/> Address	<hr/> Address		
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code		

Medical Information

Hospital/Clinic Preference

<hr/> Physician's Name	<hr/> Phone Number
<hr/> Insurance Company	<hr/> Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I release Prairie Moon Waldorf School teachers, staff and volunteers from liability in case of any accident during activities related to Prairie Moon Waldorf School Homeschooling Enrichment classes.

Parent's/Guardian's Signature	Date
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Parent's/Guardian's Signature	Date
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