



PRAIRIE MOON

WALDORF SCHOOL

Sweet Peas Garden Registration

Parent (s) Attending:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Child's Name: _____

Child's DOB: _____

CONTACT INFO:

Phone Number(s),

Street Address: _____

City: _____

Zip Code: _____

Email Address(es) of where we should send communications before and during the class:

What interests you about the Sweet Peas Garden class?

What, if anything do you know about Waldorf education?

Both parents are invited to attend Sweet Peas Garden. Tell us if both of you, or just one of you plan on attending.

By signing, I am agreeing to pay a \$150 registration fee for a 6 week session of Sweet Peas Garden; Prairie Moon Waldorf School's parent-child class. In the event that I must cancel, up to 2 weeks prior to the class, I will receive a full refund. The registration is non-refundable after two weeks prior to the first day of class, if needing to cancel.

Parent Attending Name

Date

Please mail this registration along with a check for \$150 to:
Prairie Moon Waldorf School
Sweet Peas Garden
1853 E. 1600 Road
Lawrence, KS 66044