



Tucson Waldorf School

A Member of the Association of Waldorf Schools of North AmericaSM

Office Use Only:
Date Received _____
Deposit _____
Balance _____
Sibling Discount _____
Pro-Rated _____
Re-enroll/Session _____
Notes _____

In Log _____

Quail's Nest Parent-Child Class Application

***Please note, a 50% deposit is required with this application form to hold a space. Balance is due by week 4 of current session.**

Child's Name _____ Date of Birth _____ Male _____ Female _____

Current School Year _____ Age _____

Current Session: Session 1: _____ Session 2: _____ Session 3: _____ Session 4: _____ Session 5: _____

Day/Time: First Choice _____ Second Choice _____

Mother's Name _____

Father's Name _____

Address _____ Zip _____

Telephone _____

E-mail _____

Siblings and their ages _____

Food preferences _____

Food allergies _____

Other allergies _____

What are the child's favorite activities? _____

What do you want to get out of this group experience? _____

How did you hear about our Parent-Child classes?
