



Front Range Waldorf School

12755 W. Cedar Dr.
Lakewood, CO 80228
(303) 384-0139

Registration Form

School Year _____

Today's Date: _____

Child Information

Full Name:	Age:	Date of Birth:
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Payment Schedule (see Tuition Schedule on back)

<p>Toddler and Preschool/Kindergarten (check one)</p> <p>Ages 18 mos-2 ½ : <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Day Days to choose from for toddler program: (please circle preference) T W TH</p> <p>Ages 2 ½ -6 ½* : <input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 5 Day Days of the week (circle): M T W TH F</p> <p><i>* Children who are 5 or 6 & whose birthday is on or before June 1st, 2003 must attend 5 days per week.</i></p> <p>Castletime (all ages) 12:30-3:30 Days of the week (circle): M T W TH F</p>	<p>Annual Tuition Amount: _____</p> <p><input type="checkbox"/> Monthly (12 mos)* : Amount _____ *12 month schedule available only to returning families</p> <p><input type="checkbox"/> Monthly (9 mos): Amount _____</p> <p><input type="checkbox"/> 3 payment: Amount _____</p> <p><input type="checkbox"/> Annually : Amount _____</p> <p>Enrollment schedule changes will be processed three times throughout the 2009/2010 school year. Change requests should be submitted to the FRWS office Sept 17th, December 18th, and February 15th to be effective on October 1st, January 1st, and March 1st respectively. Change requests may be accepted at the sole discretion of FRWS and if accepted, tuition will be adjusted accordingly.</p>
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Parent Information*Please check boxes of information you wish to be included in school directory**

<input type="checkbox"/> Mother's Name:	<input type="checkbox"/> Father's Name:
<input type="checkbox"/> Address:	<input type="checkbox"/> Address:
<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Work Phone:
<input type="checkbox"/> Cell Phone:	<input type="checkbox"/> Cell Phone:
<input type="checkbox"/> E-mail:	<input type="checkbox"/> E-mail:
Employer:	Employer:
Occupation:	Occupation:
Business Address:	Business Address:
Marital Status:	Marital Status:

NOTE: A non-refundable fee of \$400.00 must accompany this application. Please return to:

FRWS
12755 West Cedar Drive
Lakewood, CO 80228

FOR OFFICE USE ONLY

Initials

Date of registration (with payment):	
Date entered in accounting:	
Invoice setup:	

