

A Child's Haven
Waldorf-Inspired Initiative
www.manhattanwaldorf.org

Parent Child Program Fall 2008 Registration Form

Child's Full Name: _____ Nickname _____

Birth Date: _____ Gender: _____

How did you hear of this program/school? _____

Who will your child be attending with? _____ Relation: _____

Allergies: _____

In what other programs does your child participate? _____

Sibling Name: _____ Age: ____ School: _____

Sibling Name: _____ Age: ____ School: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1 Name:

Parent/Guardian 2 Name:

Home Address: _____

Home Address: _____

Email: _____

Email: _____

Phone: (H) _____

Phone: (H) _____

(W) _____

(W) _____

14 weeks, 9:00–10:30 (16 months to 4 years old)

Please reply to Lisa Bono 845 596 4908 lbniobe@aol.com

Send to: 838 West End Ave #6B1 / NY, NY 10025