



Riverwood Community School

REGISTRATION FORM – Parent and Child Class School Year 2019 – 2020

– Enclosed is my registration fee of \$50 per child (\$25 for returning students), for a total of \$ _____

Child's Name _____ Date of Birth _____

**Required by state. Is your child: M / F Ethnicity: Caucasian / African American / Native American / Hispanic / Asian / Other*

Parent/Guardian's Name: _____

Address: _____

Email: _____ Phone: _____

Adult Accompanying Child (if different from above): _____

Relationship to Child: _____ Phone: _____

Adult Accompanying Child (if different from above): _____

Relationship to Child: _____ Phone: _____

PARENT AND CHILD PROGRAM

This program is for children between the ages of 6 months to 3 ½ years old and the child is accompanied by an authorized adult.

- Parent and Child Class

Mondays 9:00 am – 11:00 am, September 16, 2019 – May 18, 2019

Cost: \$630/year – 1 Child, 1 Adult - for the duration of 10 months

An additional \$5 per additional adult to attend class will be added upon approval

FOOD INFORMATION

Please know that one small, nutritious meal will be provided as a group. Disclose any food allergy information:

Riverwood Community School is a Washington state approved private school, a developing member of WECAN (Waldorf Early Childhood Association of North America), a 501(c)3 non-profit organization.

Currently accepting applications for school year 2019 - 2020, early childhood through grade 7.

Statement of Liability Release

I, the undersigned, agree to the following:

We will not hold the Upper Columbia Association on behalf of Waldorf Education, Riverwood Community School, the teachers or volunteers responsible for any accident, illness or injury that occurs anywhere while my child is participating in this educational program. A representative of Riverwood Community School may contact my child’s doctor, call 911, or transport my child to the nearest hospital or clinic to have my child treated for an emergency when a parent/guardian or emergency contact cannot be reached. We agree to pay such emergency fees if incurred.

Parent/Guardian signature_____

Date_____

Medical Release

Child’s name_____

I authorize Upper Columbia Association on Behalf of Waldorf Education and Riverwood School to procure medical assistance in the event of an emergency for my child. All efforts will be made to contact the parents prior to administration of treatment. However, this may not always be possible, and parent(s)/guardian(s) will accept all expenses related to treatment.

Physician name_____ Phone_____

Physician address_____

Dentist name_____ Phone_____

Preferred hospital_____

Allergies/medical conditions_____

Photography Permission

We have a website, Facebook page and marketing materials for the school. The sites and materials will be updated on a regular basis, and updates may include pictures taken during class time, which may include children in that class.

Children will never be identified by name in the pictures. Please select one option below.

_____ I DO give permission for my child to be photographed and published in RCS marketing materials and on the school’s Facebook page and website.

_____ I DO give permission for my child to be photographed, but photos may not be published.

_____ I DO NOT give permission for my child to be photographed.

_____ Contact me before using photographs of my child.

Parent/Guardian signature_____

Date_____