

Completed form with deposit for each session you wish to reserve can be mailed to Redwood Garden Preschool, 1211 Talbot Avenue, Berkeley, CA 94706.

Child's Name:			
Date of Birth:		Age:	- Male or Female:
Which sessions would yo	ou and your chil	d like to atte	nd?
Willett Bessions Would ye	od drid your crim	id like to atte	na.
○ Fall Session	OWinter Ses	sion	OSpring Session
Mother's Name:			
Father/Mother's Name: -			
Address:			
Phone Number(s): ——			
Primary E-mail: ———			
How did you hear about	Redwood Gard	len's Parent/1	Toddler Class?
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What is your familiarity with Waldorf education?
Has your child been to a parent/toddler group before?
If so, which one?
How did your child enjoy the experience(s)?
Evaluation of your child's health:
Does he or she have any allergies or medical conditions of which we should be aware?
Does your child speak another language? If so, which language?
Which language is spoken most at home?

## Register early to ensure space for your child!

**Deposits:** Please mail this form with your non-refundable deposit of the full amount. **Mail to:** Redwood Garden Preschool, 1211 Talbot Avenue, Berkeley, CA 94706

Once this form and deposit are received, you will receive an e-mail confirmation.