

PARENT CHILD PROGRAM QUARTER 2, 2024-2025

You and your young child are invited to join our Parent Child program for parent education, indoor and outdoor play time, songs, stories, puppets, simple crafts, and snack time. Our program welcomes one adult caregiver with one child, between the ages of 1 year to under 3 years, to participate one day per week, in a nurturing, lively atmosphere with basic classroom structure introducing your children to our preschool setting.

During the Second Quarter, classes are held Monday - Friday from 9:30 am to 11:30 am, excluding holidays. Space is limited to 8 families and will be filled on a first-paid, first-served basis. A minimum of 3 students must be enrolled for the class to run. Parents can opt for two days. If Mon/Tues is selected for the first day, Wed/Thurs is recommended for the second day. Fridays will be a free play and community playdate.

Email, fax, or mail in your registration form and <u>non-refundable</u> payment in order to secure your place in the class. <u>No make-up classes are offered unless HWS has canceled the class</u>.

Please note: A separate application process is required for admissions into the Honolulu Waldorf School Early Childhood (Preschool and Kindergarten) Programs. Participation in the Parent-Child Program does not guarantee enrollment in the Early Childhood school programs.

| Child's Name: | Age: | Birthday: | Gender: | |
|--|--|--|--|--|
| Parent/Guardian 1: | | | | |
| Relationship to Child: | Relationship to Child: | | | |
| Address: | | | | |
| City/State/Zip: | | | | |
| Occupation: | Occupation: | | | |
| Employer: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Child's Allergies: | | | | |
| | | | | |
| In what other programs does your child participate? | | | | |
| Please indicate 1-2 days below. If opting for two day | s: Day One - Mon/Tu | es, Day Two - Wed | d/Thurs. | |
| Enrollment is on a first paid, first served basis. No reconfirmation: You will receive email confirmation upon receipt | funds. Price will be pro of registration form and p | rated if joining late, payment. Confirmation | at the school's discretion. In can take up to 3-5 business days. | |
| Quarter 2: Nov 4 – Dec 16, 9:30 am-11:30 am | Quarter 2: I | Quarter 2: Nov 5 - Dec 17, 9:30 am-11:30 am | | |
| MONDAY | TUESDAY | | | |
| Nov 4, 18, 25, Dec 2, 9, 16 (no class 11/11) | Nov 5, 12, 19, 26, Dec 3, 10, 17 | | | |
| 6 weeks total \$300 | | 7 weeks total \$350 Quarter 2: Nov 7 – Dec 19, 9:30 am-11:30 am | | |
| Quarter 2: Nov 6 - Dec 18, 9:30 am-11:30 am WEDNESDAY | THURSDAY | | | |
| Nov 6, 13, 20, Dec 4, 11, 18 (no class 11/27) | Nov 7, 14, 21, Dec 5, 12, 19 (no class 11/28) | | | |
| 6 weeks total \$300 | 6 weeks total \$300 | | | |
| Quarter 2: Nov 8 - Dec 20, 9:30 am-11:30 am | - | | | |
| FRIDAY | | | | |
| Nov 8, 15, 22, Dec 6, 13 (no class 11/29, 12/20) | | | | |
| 5 weeks total \$250 | | | | |
| Enclosed is my payment: | (payable to "Hono | olulu Waldorf School"): | | |
| Please charge my credit card: Visa \$ | ☐ MasterCard \$ | | ☐ Discover Card \$ | |
| <u>Card Number:</u> * Please note a service charge will be added for credit/debit car | Exp. Date: | Security Code | e: Zip Code: | |
| List Below the Complete Billing Address Associated with Credit C | | | | |
| List Bolow the Complete Dining Address Associated with Cledit C | | | | |
| BY REGISTERING FOR AND ATTENDING OUR PROGRAM ON C | | ABIDE BY OUR COV | ID-19 SAFETY AND RESPONSE PLAN | |
| POSTED ON OUR WEBSITE: https://honoluluwaldorf.org/school | <u>l-handbook</u> | | Please Initial Here | |
| Please complete the form and send with your payment to: parer | ntchild@honoluluwaldorf | org. or by FAX or MA | | |

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