

# Seedlings Parent & Child Classes | Registration Form

**Date of Application/Re-enrollment** \_\_\_\_\_

*All Seedlings classes are located in Faddick Hall (Building C, East Entrance) on the Mountain Phoenix Community School Campus. Classes are mixed-age, offered to infants – 3 year olds, accompanied by an adult.  
To RE-ENROLL, please complete and turn in the FIRST & LAST page of this packet ONLY. Thank you!*

	<b>Thursdays 9:00-11:45 am</b>
	Fall – 7 weeks Tuition: \$210. Materials Fee: \$45. Registration Fee: \$25.
	Spring – 7 weeks Tuition: \$210. Materials Fee: \$45. Registration Fee: \$25.

**Child Information**

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_  
Primary address \_\_\_\_\_

Any food allergies or intolerances, snack is served in class \_\_\_\_\_  
 Yes, My child has a sibling in ECE at MPCS

*Other adult that may attend class with child*

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Any food allergies or intolerances \_\_\_\_\_

*Other adult that may attend class with child*

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Any food allergies or intolerances \_\_\_\_\_

Which adult(s) will usually attend class \_\_\_\_\_ how many adults will attend class \_\_\_\_\_

*please list which adults and how many are usually going to accompany your child (parents, grandparents, care providers) Please note: One class for 2 adults accompanying child is included. Additional classes with an extra adult = \$14/class*

**PERMISSIONS – Y for yes, N for no**

	I give full consent for MPCS to print my child's photographs in school-wide publications (yearbook/flyer)
	I give full consent for MPCS to publish photographs of my child on social media for outreach
	I give full consent for MPCS to publish photographs of my child for business/marketing purposes

**Parent/Guardian information**

Parent #1's name \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Any food allergies or intolerances \_\_\_\_\_

Yes please share my email on the class directory  
 Yes please share my phone number on the class directory

Parent #2's name \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Any food allergies or intolerances \_\_\_\_\_

Yes please share my email on the class directory  
 Yes please share my phone number on the class directory

*Other adult that may attend class with child*

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Any food allergies or intolerances \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please describe you knowledge/experience of Waldorf Education (include books read, articles, education, other Waldorf schools) \_\_\_\_\_

What do you hope to gain from Seedlings? \_\_\_\_\_

Your interests \_\_\_\_\_

Please share as much as you would like of your child's birth story (this is confidential and used simply for a deeper understanding of your child and family. You may send it directly to the teacher or simply put it on a piece of paper and hand it to the teacher as well) \_\_\_\_\_

Was your water broken? \_\_\_\_\_

Was birth early, according to due date, on time, late? \_\_\_\_\_

Do both parents reside in the same home? \_\_\_\_\_yes \_\_\_\_\_no

If not, is there contact with both parents? \_\_\_\_\_yes \_\_\_\_\_no

If your child has siblings, please complete the following:

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade/School \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade/School \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade/School \_\_\_\_\_

Does your child live with extended family? \_\_\_\_\_yes \_\_\_\_\_no If yes, please list \_\_\_\_\_

What is your family's childcare situation ? \_\_\_\_\_

Does your family have pets? \_\_\_\_\_yes \_\_\_\_\_no If yes, please list \_\_\_\_\_

Please describe your home life and daily / weekly rhythm \_\_\_\_\_

Is there anything you consider to be unique or different in your home environment? \_\_\_\_\_

If applicable, what age did your child crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Talk? \_\_\_\_\_ Sleep through the night? \_\_\_\_\_  
Does your child have a special blanket or toy? \_\_\_\_\_yes \_\_\_\_\_no  
Does your child have imaginary playmates? \_\_\_\_\_yes \_\_\_\_\_no  
Does your child enjoy stories/books? \_\_\_\_\_yes \_\_\_\_\_no How often? \_\_\_\_\_  
Does your child watch TV, videos or DVDs? \_\_\_\_\_yes \_\_\_\_\_no When/how often/how long? \_\_\_\_\_  
Does your child use a computer, play computer games, or use other electronic devices? \_\_\_\_\_yes \_\_\_\_\_no  
When/how often/how long? \_\_\_\_\_  
Does your child listen to music at home? \_\_\_\_\_yes \_\_\_\_\_no  
Are you willing to limit your child's media and listening time? \_\_\_\_\_yes \_\_\_\_\_no  
What time does your child go to bed? \_\_\_\_\_weekdays \_\_\_\_\_weekends  
What time does your child wake up? \_\_\_\_\_weekdays \_\_\_\_\_weekends  
Does your child take naps? \_\_\_\_\_yes \_\_\_\_\_no If yes, for how long? \_\_\_\_\_  
  
Does your child have any social, emotional or physical challenges? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Please describe any behavior issues we should be aware of or that you would like support with \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share anything else you would like us to know about your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any expertise you are willing to volunteer? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking the time to complete this questionnaire and share your insights and understanding about your child.*

*Your signature confirms that everything on this form is complete and accurate.*

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

## MPCS Volunteer Confidentiality Agreement

As a volunteer assisting at Mountain Phoenix Community School, you have been authorized to act as a school official, subject to the direction and control of the school administrators and teachers. As a school official, you may under limited circumstances have access to student information/observations and educational records about students in connection with your authorized duties. Students' educational progress including grades and/or learning challenges may be observed as well as records, files, documents and other materials that contain personally identifiable information on any student (including student grades).

By signing below, you agree to maintain the confidentiality of all students to which you are given access as an authorized community volunteer. This means that you agree not to disclose any personally identifiable student information/observations, educational records of personally identifiable student information to any person other than the school administrator(s) and /or teacher(s) with whom you are working. You understand and agree that your failure to maintain confidentiality of all student information/observations and educational records to which you are given access may disqualify you from further service as a classroom community volunteer in Mountain Phoenix Community School.

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Name (please print)

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Signature

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Date

**Please list any health issues that may require emergency medical response.**

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Emergency Contact Numbers:

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Name

Phone Number

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Name

Phone Number



# School and Family Partnership Agreement

Collaboration between parents and school is essential to create a partnership that allows a child to successfully access the Public Waldorf curriculum. Towards that end, every year MPCS requests that families acknowledge their choice of their child's participation in the program. This allows both the School and Family to recommit to their responsibilities in partnership. (One per family)

## The School will:

- Provide a safe and positive learning environment.
- Provide a quality Public Waldorf program.
- Maintain regular ongoing communication with parents through newsletters.
- Inform parents of the activities of the class through regular letters and Parent Evenings led by the teachers. Via these communications teachers will encourage and educate parents to be actively involved and supportive of their child's education.
- Provide time for two parent-teacher conferences per child per year.
- Provide a mid-year and end-of-year report of progress for children in grades 1-8.
- Maintain quality of program by providing professional development for teachers.
- Resolve conflicts by following the communication guidelines outlined in the Student / Parent Handbook.
- Provide opportunities for parent education.

## The Family will:

- Understand this is a school of choice and agree to support the school and teachers in their endeavor to educate.
- Assume primary responsibility for the values, attitudes, and behavior of their children and support the school's discipline and academic integrity policies.
- Support the curriculum by actively striving to understand the pedagogy and providing a lifestyle that supports it (rhythmic, healthy).
- Monitor/limit their children's exposure to media.
- Ensure children are dressed in compliance with the dress code as articulated in the Student / Parent Handbook.
- Attend Parent Evenings and parent-teacher conferences as scheduled by the teacher. Read e-mail communications sent by the teacher and school.
- Have children attend school regularly, arrive on time and picked up promptly at dismissal time.
- As an adult, be a model to the children on campus in words and actions.
- Follow the communication guidelines in the Student / Parent Handbook when I have a question or concern.
- Read the Student / Parent Handbook and agree to adhere to the school's philosophy and policies.
- For Kindergarten children, I understand that a First Grade Readiness assessment will be conducted in class and will result in recommendations for my child advancing to First Grade or completing a second year of kindergarten, based on what is best for the child.
- Meet with school administration in the event that the school believes any of the above partnership agreements are not being met.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_



# Mountain Phoenix

*community school*

## Handbook Acknowledgement

I, the undersigned, have read and understood the ECE Handbook, and I agree to abide by the expectations and policies contained therein.

Date signed: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Child(ren)'s Name \_\_\_\_\_

*Seedlings Parent-Child Class* | Payment Form 2018-2019

Please turn in this page with your payment to the School Office

	One-time Registration Fee - for first time applicants only \$25	
	Supply Fee \$45/Session	
	Fall Session tuition \$210	
	Spring Session tuition \$210	
	Pro-rated Fee per Class = \$32/Class	
	(#weeks _____ x \$32 = \$ _____ Tuition	
	Total Payment due:	

**REGISTRATION REQUIREMENT CHECKLIST**

- Seedlings Registration Forms - allergy and permission information complete
- Tuition (refundable only in special circumstances)
- Supply Fee (non-refundable)
- One-time Registration Fee - for first time applicants only (non-refundable)
- Volunteer Confidentiality Agreement form signed
- School/Family Partnership Agreement signed
- ECE Handbook form signed