



Westside Waldorf School

McComb Campus • 17310 Sunset Blvd • Pacific Palisades, CA 90272

T. 310.454.7064 • F. 310.454.7084 • admin@wswaldorf.org

PARENT CHILD FALL 2018 SESSION ENROLLMENT

McComb Campus – Pacific Palisades

Monday, Sept. 17, 2018 – Friday, Dec. 14, 2018 *No refunds for missed classes*
(No classes will be held: 10/8 & 11/19-23)

<p><u>Mc Comb Campus (Pacific Palisades):</u></p> <p><input type="checkbox"/> 2-6 months: Tues 12:00pm-1:30pm (\$420)</p> <p><input type="checkbox"/> 7-12 months: Wed 12:00pm-1:30pm (\$420)</p> <p><input type="checkbox"/> 13-18 months: Wed 9:15am-11:30am (\$600)</p> <p><input type="checkbox"/> 19-24 months: Fri 9:15am-11:30am (\$600)</p> <p><input type="checkbox"/> 25-36 months: Mon 9:15am-11:30am (\$550)</p> <p><input type="checkbox"/> 25-36 months: Tue & Thu 9:15am-11:30am (two day class) (\$1,150), Tue only (\$600), Thu only (\$600)</p>

Child's Name: _____ Gender: _____ Birthdate: _____

(1)Parent Name _____ E-Mail _____

Address _____ City _____ Zip _____

Phone () _____ Phone () _____

(2)Parent Name _____ E-mail _____

Address _____ City _____ Zip _____

Phone () _____ Phone () _____

Parents: Married _____ Separated _____ Divorced _____ Other _____

PAYMENT: Check only, payable to Westside Waldorf School

Session must be paid in full prior to session start (no payment plans)

Parent or Guardian Signature: _____

For Office Use Only

Payment received on: _____ Ck # _____ Amount _____ Received by: _____



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General Waiver, Release and Assumption of the Risk:

In consideration of the undersigned’s participation in the Parent Child Program of the Westside Waldorf School (School’), I, on behalf of myself and my minor child,

(Name) _____, do hereby release and hold harmless the School and its employees, agents and representatives (“Released Parties”) from any and all claims, liabilities and damages of whatever nature or origin, including physical injuries, which my child or I may sustain during, or as a result of our participation in, School programs or activities. On behalf of myself and my child, I hereby waive any and all claims and causes of action against the Released Parties for any and all injuries, damages and/or liabilities that either of us may sustain in connection with or as a result of our participation in the School’s Parent Child Program. I recognize that there are many risks of participation, known and unknown, and I hereby agree to assume all such risks associated therewith on behalf of myself, my child, and my child’s designated caregiver: (name) _____ (“Participants”).

I further make the following representations and agreements:

- I am financially responsible for any losses and damages resulting from the Participants’ participation in the School’s Parent Child Program, including the cost of any necessary medical attention for any of the Participants.
- My child is in good health and has no medical condition that would prevent my child’s safe participation in the Parent Child Program.
- I have provided and maintain adequate health and medical insurance coverage for the Participants, covering any and all activities related to the Parent Child Program. My medical insurance shall be the insurance coverage for any medical treatment for any of the Participants.
- The School shall not assume, or be responsible or liable for expense, medical treatment, or compensation for any injury that any of the Participants may suffer while participating in the Parent Child Program or related activities.
- I hereby consent to emergency medical treatment for myself and my child, in the event it is required.

I have carefully read, clearly understand and voluntarily sign this Waiver, Release and Assumption of the Risk in consideration for our participation in the programs and activities of the Westside Waldorf School. I acknowledge and agree that the Parent Child Program is not a child drop-off program and that I am, or my assigned adult care-giver is, responsible for my child’s supervision and will be physically present with my child at all times during the duration of the Program and while on campus at the School.

I further understand that the School retains the right to determine whether or not any student’s continued enrollment is in the best interest of the student, the class or the School. The School cannot anticipate or list all the possible reasons why it may be necessary to terminate enrollment, but such reasons may include behavioral problems, or disruption by the student, the student’s parents or guardians or others. The School retains the exclusive right and has the sole discretion to determine what procedures to follow and to decide what reasons justify termination of enrollment or any other discipline. The School may, therefore, terminate enrollment at any time for any reason. By signing this Enrollment Agreement, the undersigned hereby agrees to accept the rules and regulations of the School.

(1) _____
Parent / Legal Guardian Signature Print Name

(2) _____
Parent / Legal Guardian Signature Print Name

For Office Use Only

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