

The Brooklyn Waldorf School

The Wandering Sun Arts Program

APPLICATION INFORMATION

Child's Full Name: _____ Nickname: _____

Home Address: _____

Gender: _____ Date of Birth: _____

WEEKLY FOCUS OF ACTIVITIES

2 weeks minimum (You can choose any two weeks or more) :

_____	Felting	<i>Week 1 – July 1-3</i>
_____	Rattle Drums	<i>Week 2 – July 8-10</i>
_____	Masks	<i>Week 3 – July 15-17</i>
_____	Hand Puppets	<i>Week 4 – July 22-24</i>
_____	Woodworking	<i>Week 5 – July 29-31</i>
_____	Flutes	<i>Week 6 – August 5-7</i>
_____	Marionettes	<i>Week 7 – August 12-14</i>
_____	Paper Making & Arts	<i>Week 8 – August 19-21</i>

How did you hear of this program/school? _____

Child's Primary Language: _____ If multilingual, what languages? _____

Allergies: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 name _____ Parent/Guardian #2 name _____

Home Address: _____ Home Address: _____

*** Please write your email below clearly and legibly as correspondence from us concerning the program will be via email – if this poses a problem for you please make a note of it on this form:

Email: _____ Email: _____

Phone: (H) _____ (C) _____ Phone: (H) _____ (C) _____

(W) _____

(W) _____

Class Fee: \$210 per week plus a one time registration fee of \$35. Please note there is a 2 week minimum but you are free to pick any 2 weeks you wish. Make checks payable to:

The Friends of the Brooklyn School and mail to the address below including the program weeks you choose in the memo line of your check.

126 Saint Felix Street • Brooklyn, NY 11217 • c/o Summer Arts Program