



BERKSHIRE
WALDORF SCHOOL

**SUMMER 2025
REGISTRATION**

CHILD'S NAME: _____ BIRTHDAY: _____

ENROLLED BWS STUDENT: Y____ N____ 25'-26' GRADE: _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

SESSION INFORMATION

☐ WEEK 1: June 23-27

☐ WEEK 5: July 21-25

☐ WEEK 2: June 30-July 3 (M-Th)

☐ WEEK 6: July 28-Aug 1

☐ WEEK 3: July 7-11

☐ WEEK 7: Aug 4-8

☐ WEEK 4: July 14-18

PRICING INFORMATION

☐ **No Aid Requested**
\$450 (Enrolled BWS Student), \$500 (Not enrolled)
(Week 2: \$360/\$400)

☐ **Less than \$80,000 adjusted gross income**
\$350 (Enrolled BWS Student), \$400 (Not enrolled)
(Week 2: \$280/\$320)

PAYMENT METHOD

☐ CASH

☐ CHECK

☐ CARD *(If paying by card, please fill in details below)*

CREDIT CARD #

EXP DATE:

SEC. CODE:

BILLING ZIP CODE:

PARENT / GUARDIAN AGREEMENT

By signing below I agree to this application. I understand BWS will follow up with me regarding payment details. I understand a deposit of \$100 per session is for the purpose of securing a spot and is non-refundable or transferable. I also agree to pay the balance in full before May 1st. If my fees are not paid in full by May 1st, then I authorize Berkshire Waldorf School to charge the remaining balance to the credit card on file for my account. If registering after May 1st, payment is due in full upon registration. Cancellations after May 1st are not eligible for any refund of fees paid to date. Only in case of proved illness will any refund be made and then only on a pro-rated basis.

Signature: -----

Date: -----