



Sunflower Seedlings Playgroup

We build community as we share
Waldorf-inspired tools for
parenting. Please join us!

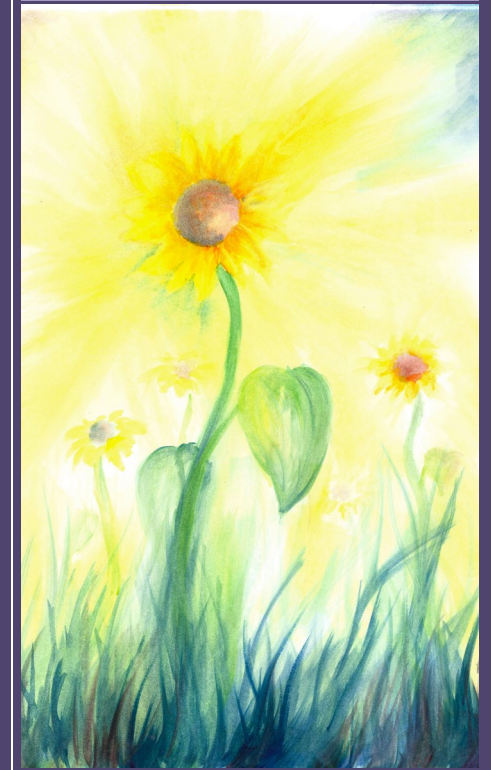
**To apply or request more
information**
about Sunflower Seedlings,
please contact:

Colette Green
Sunflower Seedlings Director
at 720-936-5437
colettegreen@hotmail.com




**The
DENVER
WALDORF
School**
2100 S. Pennsylvania St.
Denver, CO 80210
303-777-0531
www.denverwaldorf.org

Sunflower Seedlings Playgroup



A Waldorf-based parent–tot program
for parents and their children
ages 12 months to 3 years

2015 Fall/Winter & Winter/Spring Semesters

Sunflower Seedlings will be held at The Denver Waldorf School from 9:00 am - 11:00 am.

Our mood is light and warm as we sing, craft, bake, play, share a meal and watch a table puppet show.

Parents are introduced to Waldorf-inspired tools for parenting in class, and articles are provided to inspire and support you on your Waldorf journey. In addition, monthly Simplicity Parenting seminars are offered.

Please join us in a community celebration of childhood!



Please mail this application form to:

**Sunflower Seedlings
Colette Green
4160 Irving Street
Denver, CO 80211**

Fees for a semester of Sunflower Seedlings are \$500, payable to Colette Green upon acceptance into the program.

FALL/WINTER 2014-15 SEMESTER—*FULL*
*Apply now to hold a spot
for the Fall 2015 session*

WINTER/SPRING 2015 SEMESTER
Parent Orientation Meetings
Tuesday, January 27, 2015 at 6:00 pm and
Tuesday, March 24, 2015 at 6:00 pm

Wednesdays: From 1/28 through 5/27
Thursdays: From 1/29 through 5/28
Fridays: From 1/30 through 5/29
Saturdays: From 1/31 through 5/16

All Sunflower Seedlings parents are invited to a Talk & Tour Visitor's Morning to learn more about The Denver Waldorf School & Waldorf curriculum.

Please see the school website for the current Visitor's Morning schedule:
www.denverwaldorf.org.

Sunflower Seedlings Application Form

Date of Application _____

Parent/Guardians(s) Name(s) _____

Address _____

City _____ Zip _____

Phone(s) _____

E-Mail _____

Child's Full Name #1 _____

Birthdate _____ Gender _____

Child's Full Name #2 _____

Birthdate _____ Gender _____

Please indicate the session(s) you wish to attend and the day of the week. You may register for one at a time or for the entire year of sessions. Each session is 12 or 15 weeks (see schedule).

_____ Fall 2015 _____ Winter/Spring 2015

Please select a 1st choice class day:

Wednesday__ Thursday__ Friday__

Please select a 2nd choice class day:

Wednesday__ Thursday__ Friday__

How did you find out about this program?
