

KINDERGARTEN

APPLICATION FORM



STUDENT INFORMATION

Student's Full Name	_____ First Name _____ Surname _____
Home Address	_____ Street Address _____ _____ City _____ Postal Code _____
Date of Birth	_____ _____ _____ _____ _____ _____ Year Month Day Time Gender Pronoun

Full Day Extended Day

Citizenship	<input type="checkbox"/> Canadian <input type="checkbox"/> Other _____
Languages Spoken	_____ At Home _____ Other(s) _____

WALDORF ACADEMY EARLY CHILDHOOD HISTORY

Previous Programs	_____ Classroom attended, ie., Woodland _____
	_____ _____ _____ _____ _____ _____ Name of Teacher _____ Date Started _____

PARENT INFORMATION

Parent/ Guardian 1	_____ First Name Surname
Home Address	_____ Street Address
	_____ City Postal Code
Phone Numbers	_____ Home Phone Cell Phone Business Phone
E mail Addresses	_____ Personal E-mail Business E-mail
Occupation, Position	_____
Company/ Organization	_____ Name
Parent/ Guardian 2	_____ First Name Surname
Home Address	_____ Street Address
	_____ City Postal Code
Phone Numbers	_____ Home Phone Cell Phone Business Phone
E mail Addresses	_____ Personal E-mail Business E-mail
Occupation, Position	_____
Company/ Organization	_____ Name
Financial Responsibility	_____ Who is financially responsible for school expenses? To whom should school reports and parent notices be sent?

STUDENT HISTORY

Immunization History	<input type="checkbox"/> Up to Date <input type="checkbox"/> Other																		
Allergies	<hr/> Does your child have any allergies or sensitivities?																		
General Health Medication/ Illnesses	<hr/> How is your child's general health? <hr/> Is your child currently on any medication?																		
Assessment	<hr/> Has your child ever undergone psychological, developmental or educational testing or treatment? If so, please describe and attach copies of relevant reports to this application.																		
Behaviour	<hr/> Do you have any concerns about your child's behaviour in a group? <hr/> Is there anything pertinent to your child's biography that has not yet been covered?																		
Living Arrangements	<hr/> If there is more than one household what is the schedule? If there is an access or custody agreement please provide upon acceptance.																		
Siblings	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="text-align: left; padding-left: 5px;">Name</td> <td style="text-align: center; padding-left: 5px;">Age</td> <td style="text-align: left; padding-left: 5px;">Current School</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: left; padding-left: 5px;">Name</td> <td style="text-align: center; padding-left: 5px;">Age</td> <td style="text-align: left; padding-left: 5px;">Current School</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: left; padding-left: 5px;">Name</td> <td style="text-align: center; padding-left: 5px;">Age</td> <td style="text-align: left; padding-left: 5px;">Current School</td> </tr> </table>				Name	Age	Current School				Name	Age	Current School				Name	Age	Current School
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EXPECTATIONS

Our Expectations

The healthy life of the school relies strongly on parents'/guardians' participation in their child's education. Class meetings give parents/guardians the opportunity to learn about the curriculum, share concerns and plan activities to support the social life of the class. It is expected that at least one guardian from the family attend all such evenings. Will you make that commitment?

YES NO

Your Expectations

What are your expectations of the school?

Media

The Waldorf philosophical approach believes that limiting media exposure allows for healthier attitudes towards learning and encourages age-appropriate development. Are you willing to limit your child's media viewing and listening time?

YES NO

PUBLICITY

How did you hear about us?

- Word of Mouth _____ Internet/Google TTC/Billboard
 Live in Area WA Website Social Media
Other _____

Referral Program

Family Referral: Please provide the name if a family was instrumental in your decision to enroll. To learn more about our Referral Program please contact the Admissions Manager.

Family Name: _____

Name of Student: _____

Signature

Signature of Parent/Guardian

Date

Please Note: All information in this application will be treated in accordance with school policy, accessible only to faculty and staff of Waldorf Academy.

CHECKLIST

Have you included the following items with your application?

- Completed and signed application form
- \$150 non-refundable application fee (waived for internal applicants in Waldorf Academy Preschool)
- Current photo of your child
- IEP documentation (if applicable)
- Copy of Child's Birth Certificate