

APPLICATION FOR ADMISSION PRESCHOOL - KINDERGARTEN

A photocopy of your child's birth certificate or passport *must* accompany this form.

STUDENT

 LAST NAME

_____._____._____
 DATE OF BIRTH (YYYY.MM.DD)

Male Female

 FIRST NAME (& familiar if different) MIDDLE NAME NO MIDDLE NAME

 CURRENT SCHOOL NAME AND ADDRESS

PRESCHOOL* 2 Day 3 Day KINDERGARTEN Aftercare

*While we cannot guarantee placement, we do our utmost to honour your preference.

PARENT or GUARDIAN ONE

 LAST NAME

 FIRST NAME MIDDLE NAME NO MIDDLE NAME

 ADDRESS

 CITY PROVINCE POSTAL CODE

Home Phone _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

Cell / Pager _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

Email _____

Work Phone _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

 EMPLOYER

 POSITION

Child Lives With Both Parents Parent 1 Parent 2 Other _____

PARENT or GUARDIAN TWO

 LAST NAME

 FIRST NAME MIDDLE NAME NO MIDDLE NAME

 ADDRESS

 CITY PROVINCE POSTAL CODE

Home Phone _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

Cell / Pager _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

Email _____

Work Phone _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

 EMPLOYER

 POSITION

SIBLING INFORMATION

Name _____
 Male Female

School _____ Age _____
 Also Applying? Yes No

Name _____
 Male Female

School _____ Age _____
 Also Applying? Yes No

Name _____
 Male Female

School _____ Age _____
 Also Applying? Yes No

EMERGENCY INFORMATION

Medical Service Plan (MSP) Number or Insurance Policy Details _____

Private Insurance Policy Details _____

Doctor's Name _____ Phone _____

Life Threatening Allergy _____

Non-life Threatening Allergy or Sensitivities _____

Chronic Illness or Medical Condition _____

Medications Required _____

Emergency Contact Person(s)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Authorized Pick-Up Person(s)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Do you authorize the Vancouver Waldorf School to take care of your child during an emergency if we are unable to contact you? This may include transportation to the hospital and basic first aid. Yes No

SIGNATURE PARENT or GUARDIAN ONE

SIGNATURE PARENT or GUARDIAN TWO

DATE SIGNED (YYYY.MM.DD)

DATE SIGNED (YYYY.MM.DD)

GENERAL INFORMATION

Please list any previous Day Care or Preschool attendance

Name of Facility	Address	Dates attended
Name of Facility	Address	Dates attended

Please briefly describe your child’s special interests and abilities, strengths and weaknesses _____

What is your understanding of Waldorf Education? Please list any books read, lectures attended, research, etc.

What are your hopes and expectations for your child attending our school?

Confidential

At birth was your child Premature Very small Given special care

1. Does your child have any medical conditions? Please describe together with any treatments:

2. Does your child have any physical challenges? _____

3. What languages are ordinarily spoken in your home? _____

4. Does your child have any food or other allergies? Is the allergic reaction life threatening? Please elaborate and describe symptoms _____

5. Do you regularly eat meals together with your child? Which ones? _____

6. Briefly describe your child's diet: _____

7. Does your child have a regular bedtime during the school year? Yes No
What is the time range for going to bed? Earliest _____ Latest _____

8. Do you have a bedtime ritual with your child? If so, please describe:

9. Does your child watch television or videos? Yes No
If yes, how often? _____

10. Does your child use a computer? Yes No
If yes, how often? _____

11. Any special fears? _____

12. If the child's parents are separated, does the child have contact with both parents? If yes how much time is spent in each household? _____

13. If parents are separated, what is the custody agreement? Please attach written documents.

14. Please describe how your family spends time together _____

Personal information will be used and disclosed in accordance with the privacy protection provisions of the Personal Information Protection Act (PIPA British Columbia). If you have any questions about the collection, use and disclosure of this information, consult the Vancouver Waldorf School Personal Information Privacy Policies in the Parent Handbook or contact the Vancouver Waldorf School Privacy Officer at privacyofficer@vws.ca