

PARENT & TOT PROGRAM

**REGISTRATION FORM**

2016 – 2017 Th Fri Sat please circle one

**CHILD**

\_\_\_\_\_  
 LAST NAME

\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_  
 DATE OF BIRTH (YYYY.MM.DD)

Male  Female

\_\_\_\_\_  
 FIRST NAME

\_\_\_\_\_  
 MIDDLE NAME  NO MIDDLE NAME

**PARENT or GUARDIAN ONE**

\_\_\_\_\_  
 LAST NAME

\_\_\_\_\_  
 LAST NAME

\_\_\_\_\_  
 FIRST NAME MIDDLE NAME  NO MIDDLE NAME

\_\_\_\_\_  
 FIRST NAME MIDDLE NAME  NO MIDDLE NAME

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY PROVINCE POSTAL CODE

\_\_\_\_\_  
 CITY PROVINCE POSTAL CODE

Home Phone \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
COUNTRY AREA PHONE NUMBER

Home Phone \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
COUNTRY AREA PHONE NUMBER

Cell / Pager \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
COUNTRY AREA PHONE NUMBER

Cell / Pager \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
COUNTRY AREA PHONE NUMBER

Email \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
COUNTRY AREA PHONE NUMBER

Work Phone \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
COUNTRY AREA PHONE NUMBER

\_\_\_\_\_  
 EMPLOYER

\_\_\_\_\_  
 EMPLOYER

\_\_\_\_\_  
 POSITION

\_\_\_\_\_  
 POSITION

Child Lives With  Both Parents  Mother  Father  Other \_\_\_\_\_

**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

**GENERAL INFORMATION**

How did you hear about the Vancouver Waldorf School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

What are your expectations for you and your child in attending our Parent & Tot program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A healthy snack is served at every class. Please list any food allergies or sensitivities.  
\_\_\_\_\_  
\_\_\_\_\_

Our classes offer the opportunity for both parents to attend. Who will be attending the program with your child(ren)? (i.e. one parent, both, grand-parent, etc)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE PARENT or GUARDIAN

\_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_.  
DATE SIGNED (YYYY.MM.DD)