



EDUCATION TOWARDS FREEDOM

2725 ST CHRISTOPHERS ROAD NORTH VANCOUVER BRITISH COLUMBIA CANADA V7K 2B6 TELEPHONE 604 985 7435 FACSIMILE 604 985 4948 WWW.VWS.CA

APPLICATION FOR ADMISSION PRE-SCHOOL & KINDERGARTEN

This application can only be processed if all pages are completed. A photocopy of your child's birth certificate or passport must accompany this form.

Please Print

Grade: Proposed entrance date End Date

Student: Legal Name

Date of Birth Female Male Birthplace

Canadian Citizen Landed Immigrant Native Language

Citizenship/Other (specify)

Current School Name & Address:

PARENTAL INFORMATION

Financial Responsibility: Mother Father Guardian Other

Mother: Legal Name

Home Address

Tel Home: Cell/Pager: Tel Work:

Fax: Email:

Canadian Citizen Landed Immigrant Native Language

Employer: Position

MOTHER'S SIGNATURE I hereby declare all information on this application to be true and correct

Father: Legal Name

Home Address If Different

Tel Home: Cell/Pager: Tel Work:

Fax: Email:

Canadian Citizen Landed Immigrant Native Language

Employer: Position

FATHER'S SIGNATURE I hereby declare all the information on this application to be true and correct

Legal Custodial Guardian/Agent: Legal Name _____ Female Male

Home Address _____
PLEASE SPECIFY ACCURATE POSTAL ADDRESS INCLUDING POSTAL CODE

Tel Home: _____ (____) _____ - _____ Cell/Pager: _____ (____) _____ - _____ Tel Work: _____ (____) _____ - _____

Fax: _____ (____) _____ - _____ Email _____
COUNTRY AREA PHONE NUMBER ADDRESS@DOMAIN.COM

Canadian Citizen Landed Immigrant (enclose copy of official document) Native Language _____

If either or both of the parents are deceased, if parents are divorced or separated, please state so and give name and relationship to the pupil of all adults and/or children living in the household.

Household(s) where your child resides during the school week: Mother Father Guardian

Other Information:

Mother: Interests/Hobbies/Talents: _____

Father: Interests/Hobbies/Talents: _____

SIBLING INFORMATION:

Name: _____ School: _____
Grade: _____ Date of Birth ____:____:____ Also Applying? Male Female

Name: _____ School: _____
Grade: _____ Date of Birth ____:____:____ Also Applying? Male Female

Name: _____ School: _____
Grade: _____ Date of Birth ____:____:____ Also Applying? Male Female

Doctor's Name _____ Phone : (____) _____ - _____

Child's Medical Plan Health Number OR Insurance Policy Details & (Toll Free)

PROVIDER _____ CHILD'S IDENTIFICATION NUMBER(S) _____ Phone: (____) _____ - _____
AREA PHONE NUMBER

Authorized Pick Up or Emergency Contact Person _____ Phone: (____) _____ - _____
AREA PHONE NUMBER

Authorized Pick Up or Emergency Contact Person _____ Phone: (____) _____ - _____
AREA PHONE NUMBER

Authorized Pick Up or Emergency Contact Person _____ Phone: (____) _____ - _____
AREA PHONE NUMBER

In case of snow or other extraordinary circumstances in which transportation and/or communication may be interrupted, we need to know where or with whom your child should go.

Contact Person _____ Phone: (____) _____ - _____
AREA PHONE NUMBER

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 **Parent/Guardian Signature(s)** _____
SIGNATURE SIGNATURE

IMPORTANT: *Your Application Can Only Be Processed If The Information On This Page Is Complete Or Special Arrangements Have Been Made With Our Enrollment Coordinator.*

For office use only: Received ____:____:____ App. fee \$ ____ To teacher ____:____:____
YEAR MTH DAY YEAR MTH DAY

PART II MEDICAL INFORMATION

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

Please state any known allergies (food/animal/medication).

Does your child have any physical challenges?

Any special fears?

Other health information:

Give a brief evaluation of your child's health.

Has your child recently had a hearing test? Yes No

Been diagnosed with a hearing problem? Yes No History of Chronic ear infections? Yes No

Has your child recently had a test for vision? Yes No Known Vision problems? Yes No

Does your child wear glasses or contacts? Yes No

Comments: _____

Please check the appropriate boxes if your answer is 'yes' to any of the questions in the following three columns:

Has your child had any of the following illnesses?
Or ever been immunized for any of the following illness?

Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	.
	ILLNESS	IMMUNIZED	YEAR	MTH	
Red Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	.
	ILLNESS	IMMUNIZED	YEAR	MTH	
German Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	.
	ILLNESS	IMMUNIZED	YEAR	MTH	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	.
	ILLNESS	IMMUNIZED	YEAR	MTH	
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	.
	ILLNESS	IMMUNIZED	YEAR	MTH	
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	.
	ILLNESS	IMMUNIZED	YEAR	MTH	
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	.
	ILLNESS	IMMUNIZED	YEAR	MTH	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	.
	ILLNESS	IMMUNIZED	YEAR	MTH	
Haemophilus B	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	.
	ILLNESS	IMMUNIZED	YEAR	MTH	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	.
	ILLNESS	IMMUNIZED	YEAR	MTH	

Has your child had any of the following illnesses or conditions?

- Asthma
- Hay Fever
- Scarlet Fever
- Diabetes
- Epilepsy
- Convulsions/Fits

Has your child ever experienced any of the following?

- Concussion
- Major Surgery
- Admission to Hospital

Comments: _____

At birth was your child ...
Premature? Yes No
Very small? Yes No
Given special care? Yes No

Is your child receiving ...
Medication? Yes No
Medical attention? Yes No
Psychological help? Yes No

Does your child suffer from ...
Hyperactivity? Yes No
Dyslexia? Yes No
Other learning disability? Yes No

Comments: _____

PART III INFORMATION

By what name does the pupil address? Mother: _____ Father: _____ Guardian: _____

What languages are ordinarily spoken in the home? _____

Previous Day Care/Preschool Experiences

NAME OF FACILITY _____ ADDRESS _____ DATES _____

NAME OF FACILITY _____ ADDRESS _____ DATES _____

Comments _____

Does Your Child watch TV? Yes No Does your child use a computer? Yes No

What are the areas, in your task of parenting that you would like to improve/expand/enhance?

Why are you choosing Waldorf Education for your child?

How did you find out about Waldorf education? _____

Have you attended any Parenting courses? Where? _____

Are you interested in Waldorf Parent Courses? _____

What Festivals do you celebrate? _____

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

Do you have any further comments or concerns that would help us in our work with your child?
(Include professional or therapeutic support)

Mother: _____
SIGNATURE YEAR MTH DAY

Father: _____
SIGNATURE YEAR MTH DAY

Guardian: _____
SIGNATURE YEAR MTH DAY

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 Privacy Officer, Vancouver Waldorf School, (604) 985-7435 ext 223.
***This includes the publication of personal information in the Vancouver Waldorf School's community phonebook.**