



# Application for Admission Preschool / Kindergarten

\* This application can only be accepted if all sections are completed.

Please Print Clearly

Grade: \_\_\_\_\_ Proposed entrance date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ age at entrance \_\_\_\_\_  
Year Month Day

**Student:** Legal Name \_\_\_\_\_  
SURNAME GIVEN NAMES FAMILIAR (if different)

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_  Female  Male Birthplace \_\_\_\_\_  
Year Month Day

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

Citizenship / Other (specify) \_\_\_\_\_

## PARENTAL INFORMATION

**Financial Responsibility:**  Mother  Father  Guardian  Other \_\_\_\_\_

**Mother:** Legal Name \_\_\_\_\_  
SURNAME GIVEN NAMES

Home Address \_\_\_\_\_

PLEASE INCLUDE MAILING AND PHYSICAL ADDRESS IF DIFFERENT

Tel Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell/Pager (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Tel Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**MOTHER'S SIGNATURE** \_\_\_\_\_  
I hereby declare all information on this application to be true and correct Year Mth Day

**Father:** Legal Name \_\_\_\_\_  
SURNAME GIVEN NAMES

Home Address \_\_\_\_\_

PLEASE INCLUDE MAILING AND PHYSICAL ADDRESS IF DIFFERENT

Tel Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell/Pager (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Tel Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Personal information will be used and disclosed\* in accordance with the privacy protection provisions of the Personal Information Protection Act (PIPA British Columbia).

\* This includes the publication of personal information in the Whistler Waldorf School's community phonebook and use of photos for promotional materials, school website and newsletters.

**Legal Custodial Guardian/Agent** \_\_\_\_\_

Home Address \_\_\_\_\_

PLEASE INCLUDE MAILING AND PHYSICAL ADDRESS IF DIFFERENT

Tel Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell/Pager (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Tel Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**SIBLING INFORMATION:**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_  Also Applying?  Male  Female

Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_  Also Applying?  Male  Female

Name: \_\_\_\_\_ School: \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Child's Medical Plan Health Number or Insurance Policy Details & Toll Free Number**

\_\_\_\_\_  
PROVIDER CHILD'S IDENTIFICATION NUMBER Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Authorized Pick Up or Emergency Contact Person \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Authorized Pick Up or Emergency Contact Person \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Authorized Pick Up or Emergency Contact Person \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Authorized Pick Up or Emergency Contact Person \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Early Dismissal Contact Person \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Do you authorize the Whistler 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

For off use only: Received \_\_\_\_ - \_\_\_\_ - \_\_\_\_ App. Fee \$ \_\_\_\_ To teacher \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PART II MEDICAL INFORMATION**

Does your child have any medical conditions? Please describe together with any treatment and medication.

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

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 illnesses?

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

Has your child ever experienced any of the following?

Chicken pox   \_\_\_\_\_ - \_\_\_\_\_  
ILLNESS IMMUNIZED YEAR MTH

Asthma

Concussion

Red Measles (Rubeola)   \_\_\_\_\_ - \_\_\_\_\_  
ILLNESS IMMUNIZED YEAR MTH

Hay Fever

Major Surgery

German Measles (Rubella)   \_\_\_\_\_ - \_\_\_\_\_  
ILLNESS IMMUNIZED YEAR MTH

Scarlet Fever

Admission to Hospital

Mumps   \_\_\_\_\_ - \_\_\_\_\_  
ILLNESS IMMUNIZED YEAR MTH

Diabetes

Whooping Cough   \_\_\_\_\_ - \_\_\_\_\_  
ILLNESS IMMUNIZED YEAR MTH

Epilepsy

Poliomyelitis   \_\_\_\_\_ - \_\_\_\_\_  
ILLNESS IMMUNIZED YEAR MTH

Convulsions/Fits

Diphtheria   \_\_\_\_\_ - \_\_\_\_\_  
ILLNESS IMMUNIZED YEAR MTH

Tetanus   \_\_\_\_\_ - \_\_\_\_\_  
ILLNESS IMMUNIZED YEAR MTH

Haemophilus B   \_\_\_\_\_ - \_\_\_\_\_  
ILLNESS IMMUNIZED YEAR MTH

Hepatitis B   \_\_\_\_\_ - \_\_\_\_\_  
ILLNESS IMMUNIZED YEAR MTH

Comments: \_\_\_\_\_

At birth was your child ...

Is your child receiving ...

Does your child suffer from ...

Premature?  Yes  No

Medication?  Yes  No

Hyperactivity?  Yes  No

**PART III INFORMATION**

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

What languages are ordinarily spoken in the home? \_\_\_\_\_

What is your interest in Waldorf Education?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your understanding of Waldorf Education?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you choosing Waldorf Education for your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What activities outside school (hobbies, programs etc.) does your child participate in?  
\_\_\_\_\_

Average hours of TV viewing:                      Daily \_\_\_\_\_ Weekends \_\_\_\_\_

Average ours of Music/Radio:                      Daily \_\_\_\_\_ Weekends \_\_\_\_\_

Average hours of Computer:                      Daily \_\_\_\_\_ Weekends \_\_\_\_\_

What do you consider to be your child's strongest aptitudes and traits of character?  
\_\_\_\_\_

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:**                      Interests/Hobbies/Talents: \_\_\_\_\_  
\_\_\_\_\_

**Father:**                      Interests/Hobbies/Talents: \_\_\_\_\_