



Application for Admission Preschool / Kindergarten

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

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: _____

FATHER'S SIGNATURE _____

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 and video footage for promotional materials, school website and newsletters.

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

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

Does your child wear glasses or contacts? Yes No

History of Chronic ear infections? Yes No

Known vision problems? 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

Pertussis _____ - _____
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

Conscientious Objector - Yes
I have chosen not to immunize.

Children not protected may be excluded from the childcare centre for the duration of a communicable disease outbreak.

At birth was your child ...

Is your child receiving ...

Does your child suffer from ...

Premature? Yes No

Medication? Yes No

Hyperactivity? Yes No

Very Small? Yes No

Medical Attention Yes No

Dyslexia? Yes No

Given special care Yes No

Psychological help? Yes No

Other learning Disability? 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: _____