

# Early Childhood ~ Application for Admission

## Family Information

### Child's Name:

Date of Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## Household 1 Information

### Parent/Guardian Name:

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Spouse/Partner Name:

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Household 2 Information (if applicable)

### Parent/Guardian Name:

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Spouse/Partner Name:

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Financial Responsibility & Notices

Who is financially responsible: \_\_\_\_\_

School reports/parent notices sent to: \_\_\_\_\_

## Sibling Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## School Year

☐ 2023-2024 ☐ 2024 -2025 ☐ 2025-2026

## Programs Requested

### Preschool (age 3-4)

☐ 5 Mornings (8:30am-12pm) ☐ 5 Full Days extended (to 6pm)

☐ 5 Full Days (8:30am-3:30pm)

### Kindergarten (mixed age)

☐ 5 Mornings (8:30am-12pm) ☐ 5 Full Days extended (to 6pm)

☐ 5 Full Days (8:30am-3:30pm)

☐ Interested in Nature Kindergarten

## Student Information

Current School or Childcare: \_\_\_\_\_

Program: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

May we contact them? \_\_\_\_\_

### Childcare or Pre-school History

How was/is your child's experience at your current school (if applicable)?

Please provide the name(s) of previous programs

### Developmental Milestones (share if willing)

Share the approximate age your child:

Crawled: \_\_\_\_\_ Sat: \_\_\_\_\_ Walked: \_\_\_\_\_

Talked: \_\_\_\_\_ Had their First Tooth: \_\_\_\_\_

Does your child use the toilet independently?

NB: To attend, all children are required to be fully toilet trained by the first day of school.

Have you ever sought counselling or a professional evaluation for your child?

☐ Yes ☐ No

If yes, please provide a copy of the results.

Date	Type of Evaluation
	Speech and language
	Referral for hearing evaluation
	Referral for vision testing
	Testing for learning challenges
	Psychological evaluation and/or counseling
	Sensory and motor evaluation (OT and PT)

### What immunizations has your child received? (please check)

☐ Diphtheria ☐ Pertussis ☐ Tetanus ☐ Polio ☐ Hib  
☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B ☐ None

☐ Provide a copy of your child's immunization booklet

Has your child experienced any childhood illnesses?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have allergies?  
\_\_\_\_\_  
\_\_\_\_\_

Are there health concerns of which we should be aware?  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Waldorf education?  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to receive from our program for your child and family?  
\_\_\_\_\_  
\_\_\_\_\_

What is your long-term vision for your child's educational future?  
\_\_\_\_\_  
\_\_\_\_\_

**Home Life – give a snapshot of life with your child** (share if willing)

Language(s) spoken at home: \_\_\_\_\_

Briefly describe your daily home routines including average times (e.g. mornings, meals, chores, extracurricular activities, hobbies, preferred play activities, bedtime routine):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time does your child spend outside each day?  
\_\_\_\_\_

The Waldorf philosophical approach believes that limiting media exposure for young children improves learning and has the potential to accelerate age-appropriate development in preparation for later learning. How much time each day does your child spend on technology of any kind?  
\_\_\_\_\_  
\_\_\_\_\_

**Why Waldorf?**

Why would you like your child to attend the Halton Waldorf School?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about Halton Waldorf School?**

☐ Friend or neighbour      ☐ Current or former parent of HWS

☐ Web research      ☐ Our Kids website      ☐ Flyer or poster

☐ Newspaper ad (specify which one) \_\_\_\_\_

☐ Other (please specify) \_\_\_\_\_

**Expectations**

The healthy life of the school relies strongly on parents'/guardians' participation in their child's education. Class meetings each term give parents/guardians the opportunity to learn about the curriculum, share concerns and plan activities to support the social life of the class. It is expected that at least one guardian from the family attend all such meetings. In the fall and at the end of the year the classes all gather, children and parents, and go to the orchard in the fall and on a picnic in the spring as an opportunity for strengthening our community.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)      Date

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)      Date

**Admission Checklist**

Have you included the following items in your application?

☐ Completed and signed application form

☐ \$350 application fee

☐ Copy of birth certificate

☐ Copy of immunization record or statement of vaccine exemption

☐ IEP documentation (if applicable)

☐ Educational-Psychological assessment report (if applicable)

☐ Developmental optometrist report (if applicable)

☐ OT or PT report (if applicable)

☐ Vision or hearing test (if applicable)