

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

2020-2021 2021-2022 2022-2023

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)



High School • Grades 1-8 • Kindergarten (age 4-6) • Preschool (age 3-4) • Parent & Child

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A non-profit organization. Established 1984.

AAEC-0920

