



## 2011-2012 Application for Early Childhood Program

Thank you for your interest in our school. Upon receipt of this completed application and the \$60 fee, we will call to schedule a conference with your child and both parents. This conference with your family and the teacher ensures that your expectations as parents are congruent with what we offer as a school.

**Check one box - One child per application:** Application Fee: Applic. Date

Transitional Kindergarten: 3-day \$60.00\*

Kindergarten:  2-day  3-day \$60.00\*

Kindergarten: 5-day:  3-hour  4-hour  Full-Day \$60.00\*  
**\*non-refundable**

Child's Legal Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Female  Male

Family Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship:  Mother  Father  Guardian  Mother  Father  Guardian

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

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

day \_\_\_\_\_ day \_\_\_\_\_

eve \_\_\_\_\_ eve \_\_\_\_\_

cell \_\_\_\_\_ cell \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Does child live here?  yes  no  yes  no

1. How or where did you hear about our school? \_\_\_\_\_

2. Has your child been enrolled in a school before? \_\_\_No \_\_\_Yes, at \_\_\_\_\_

3. Brothers' and sisters' names and birth dates: \_\_\_\_\_

4. If child does not live with both parents, please describe the child's living situation: \_\_\_\_\_

5. Activities outside school (hobbies, sports, other classes or programs): \_\_\_\_\_

6. Average hours per day of television, videos, and computer on: weekdays \_\_\_\_\_ weekends \_\_\_\_\_

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

8. What traits do you wish to see strengthened? \_\_\_\_\_  
\_\_\_\_\_
9. Please describe any difficulties or challenges your child has experienced in early life (developmental concerns, learning difficulties, health, behavioral issues etc.):  
\_\_\_\_\_  
\_\_\_\_\_
10. Please describe your child's general health at this time, listing any previous major illnesses, accidents or any medications your child takes. \_\_\_\_\_  
\_\_\_\_\_
11. Allergies/Emergency health conditions? \_\_\_\_\_  
\_\_\_\_\_
12. Is your child potty-trained? \_\_\_\_ Yes \_\_\_\_ No
13. What events at AWS have you attended? \_\_\_\_\_
14. Where did you hear about AWS? \_\_\_\_\_
15. Please briefly describe your child's typical day. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a separate piece of paper, please provide some background regarding your interest in Waldorf education and your reasons for applying to the Anchorage Waldorf School. Is there anything else you want to share about your child/family?

**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit or mail this application and fee to the office.**

FOR OFFICE USE ONLY:		
<input type="checkbox"/> Date received _____	<input type="checkbox"/> Faculty copy attached _____	<input type="checkbox"/> Appl. to Bus Mgr _____
<input type="checkbox"/> Amt. \$ _____ Ck# _____ CC _____	<input type="checkbox"/> Acceptance Letter Sent _____	<input type="checkbox"/> Family/Child Profile _____