

Sibling(s) and ages: _____

Please provide general information about your child that could be helpful to the teacher. For example, special interests, physical characteristics, developmental concerns, health, etc.: _____

Please describe a typical day for your child?

Average hours per day of television, videos, and computer on: weekdays: _____ weekends: _____

What organized programs or activities does your child participate in?

What is your familiarity with Waldorf education? (For example, lectures attended, books read.) _____

How did you hear about our Parent/Toddler Program? What do you hope to gain from our Parent/Toddler class? What topics would you like to see covered?

Emergency health factors (i.e. allergies, asthma):

Carrs/Safeway offers an eScrip fundraising program for school, in which a percentage of your purchases benefits Anchorage. If you would like to participate, please provide us with your Carrs/Safeway number. _____

****Parent/Guardian Signature(s)** _____ **Date:** _____