



Dear Parent,

Thank you for considering Waldorf education for your family. Completing this application starts the administrative process for your child becoming a student at our school. Here are the next steps:

Application

Submit this application to the office with the application fee.

Registration Interview

The school will contact you to set up an appointment for the registration interview. The registration interview is for you, your child and two teachers from the school who will meet together, all in the same room. The interview takes approximately one hour in length. At the interview the teacher will review the registration application, share information about the program, and answer any questions that you may have about the program and the school.

Acceptance by the Faculty

After the registration interview, the information about the child is presented at a faculty meeting and the faculty vote on whether or not to accept the child. We endeavour to make this decision within a week, but depending on the timing of our faculty meetings, this can take up to two weeks. During the summer, children may be accepted by the registration team in lieu of the full faculty.

Please be aware that your child will not be fully accepted until the successful completion of the six week settling in period.

Notification of Decision

Once a decision regarding acceptance is made by the faculty, the office will notify you within 24 hours.

Signing the Tuition Agreement

Upon acceptance by the faculty, the Business Office will prepare a tuition agreement and call you to arrange a time to meet to finalize the paperwork. The tuition adjustment process may be entered into at this point if required. **Please note:** In order to secure the child's spot in the class, and/or to be eligible for a tuition adjustment, all paperwork, including tuition adjustment forms, must be completed and submitted within 15 calendar days of receiving notification that the child has been accepted. Also, the fee adjustment conversation must take place and the contract must be finalized before the child joins the class.

Welcome!

Once all of the paperwork is complete, the school will contact you to officially welcome you and send you any information you may need in order for your family to have a smooth transition into our school community.

If you have any questions, please feel free to contact the office at 519-858-8862.

Regards,

The Faculty of London Waldorf School



EARLY YEARS PROGRAM ENROLMENT FORM

I hereby make application for admission to London Waldorf School, subject to the rules and regulations of the school, on behalf of:

Child's Name: _____ Date of Birth: _____
(Full given names. Please circle name used) (yyyy/mm/dd)

Address: _____ Male Female Non-binary

PROGRAM REQUESTED:

Licensed Toddler Program (18 to 32 months as at Sept 1st)

Three mornings (Mon, Tues, Wed) and Three afternoons (Mon, Tues, Wed) **OR** Two mornings (Thu, Fri) and Two afternoons (Thu, Fri) **OR** Five mornings and Five afternoons

Licensed Preschool Program (32 to 44 months as at Sept 1st)

Three mornings (Mon, Tues, Wed) and Three afternoons (Mon, Tues, Wed) **OR** Two mornings (Thu, Fri) and Two afternoons (Thu, Fri) **OR** Five mornings and Five afternoons

Kindergarten Program (over 44 months as at Sept 1st)

Three mornings (Mon, Tues, Wed) and Three afternoons (Mon, Tues, Wed) **OR** Five mornings and Five afternoons

Requested Start Date: _____

Please Note: Families requesting a tuition adjustment must be working or in school to qualify for afternoon care. Full details of restrictions can be found on our website under Admissions\Tuition & Tuition Assistance.

Name of 1st Parent/Guardian: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ E-mail: _____

Home Phone: _____ Cell: _____ Work: _____

Occupation: _____ Place of Work: _____

Name of 2nd Parent/Guardian: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ E-mail: _____

Home Phone: _____ Cell: _____ Work: _____

Occupation: _____ Place of Work: _____

I have discussed my decision to enrol my child at London Waldorf School with all of the adults who have legal right to input.

_____ Date _____ Signature of parent or guardian

• **An application fee of \$125.00 must accompany this application.** As per our wait pool policy, this fee will be refunded if we are unable to offer a spot to your child due to the class being full. Registration interviews cannot be scheduled until we have received a completed application form and questionnaire and the registration fee.

• **Parents are also required to provide a recent photograph of the child and a photocopy of the child's birth certificate or proof of eligibility to attend school in Ontario when submitting this application to the school.**

The information on this form will be regarded as strictly confidential.

Office Use Only:	Date/time application rec'd: _____	Date/time fee rec'd: _____
\$125 Application Fee: Cash _____ Chq. # _____ Debit/Credit:# _____ E-transfer: _____	Initials: _____	
Accepted for London Waldorf School by _____	Date _____	
First Day of School: _____	Last Day of School: _____	

Emergency Contact Information

Name of Family Doctor/ Primary Health Care Provider: _____

Doctor's phone: _____ Address: _____

Ontario Health Card Number: _____

Medical Considerations/Allergies: _____

Treatment/medication: _____

Teacher Action: _____

Name of Emergency Contact: _____

Relationship to student: _____

Contact's address: _____

Contact's Phone: _____ Alt. Phone: _____

Are there any custodial arrangements for this child of which the school should be made aware?

(If yes, please indicate the details of custodial arrangements with particular attention to who may and may not pick up your child, and a schedule for same. Attach a separate sheet if necessary.)

Mode of travel to and from school - please give details

(i.e. walk/bike/bus -alone or with accompaniment? car pool -with whom?)

FOR SECURITY REASONS, CHILDREN WILL ONLY BE RELEASED TO INDIVIDUALS REFERRED TO ON THIS FORM. IF THERE ARE ANY OTHER INDIVIDUALS OTHER THAN THOSE LISTED TO WHOM YOUR CHILDREN MAY BE RELEASED, PLEASE NOTE THEIR INFORMATION HERE:

Name	Relationship to Child	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please call the office to add or delete names from this list when necessary and to notify the school regarding any changes recorded in this contact/medical portion of this form.

In case of emergency, I authorize London Waldorf School to act so as to safeguard my child's health and welfare.

Signature of Parent/Guardian

Date: (yyyy/mm/dd)

CHILD'S MEDICAL HISTORY

Is your child following the regular immunization schedule as recommended by the London Middlesex Health Unit? Yes No

If **NO** is checked and you are applying for a spot in our licensed childcare program, please download the appropriate immunization exemption form on our website under Parent Resources, and attach it to this application. Please Note: This form must be submitted prior to your child's first day of school.

Does your child have any ongoing conditions requiring medical attention?

E.g. Allergies requiring epi-pens, asthma, epilepsy, diabetes, etc. Please explain.

Does your child require an epi-pen or inhaler?

Is your child presently on any medications? If so, please list.

Has your child experienced any communicable diseases? Please list what & when.

Has your child experienced other serious illnesses, injuries or operations?

Please list what & when.

Has your child had any head injuries such as a concussion? If so, please explain.

Does your child have any physical disabilities or developmental delays? Please describe.

Do you notice any themes or patterns of illness in your child? Please describe.

Does your child have any medical requirements with regards to diet, rest or exercise?

Please list below and attach a separate paper with full details.

Does your child require corrective lenses? How long have they been using them?

Does your child have any dietary restrictions? Please describe.

Are there any speech difficulties? Please describe.

Does your child have any hearing difficulties? Please describe.

Has your child had ear infections? How many/often?

LONDON WALDORF SCHOOL
Registration Questionnaire

1. INFORMATION ABOUT THE APPLICANT

Name _____
First Middle Last

2. CHILD'S HISTORY

Describe the pregnancy. Was it full-term? _____

The birth was: in hospital at home natural caesarean

Were there any complications? _____

If child is adopted, please tell us at what age, and under what circumstances?

How your baby was fed (bottle or breast)? Is he/she weaned? At what age?

If still nursing does your child nurse to sleep? Yes No

Did your child crawl on hands and knees? _____ At what age? _____

If your child did not crawl on hands and knees, how did they get around?

Is your child walking? _____ At what age did they begin? _____

Is your child speaking? _____ At what age did they begin? _____

Which languages are spoken or understood? _____

When did your child start teething? _____

Has your child started toilet training? _____

When was your child fully toilet trained? _____

Is your child able to separate from their parents? _____

Do you have any concerns about leaving your child in the mornings? _____

LONDON WALDORF SCHOOL
Registration Questionnaire

Does your child allow themselves to be comforted by someone other than his/her parents? Yes No If so, how is he/she comforted?

Have there been any complications or extraordinary events in your child's life? Please explain.

3. FAMILY LIFE

Does your child live with both parents? _____

If not, does your child have contact with both? How much time is spent in each household? _____

Which other adults live in the household(s)? _____

Please list names and ages of other children in the family:

<u>Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>School</u> (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any pets in your home(s)? _____

Describe any major moves in your child's life _____

Has your child been/or are they currently in childcare or school? _____. If so, where and when did they start? _____

If you are transferring from another school or childcare please include your reasons for doing so: _____

Currently, who is caring for your child during the day? _____

Are there any spiritual/religious festivals and holidays that are of importance to your family? If so, please describe:

LONDON WALDORF SCHOOL
Registration Questionnaire

4. ROUTINES

Does your child eat a variety of foods? _____

What are your child's favourite foods? _____

What does your child eat for breakfast? _____

At what time does your child eat breakfast? _____

What meals does your child have with the entire family? _____

What is your child's bed time on weekdays? _____ Weekends? _____

Please briefly describe your child's bedtime routine and any difficulties your child may have going to bed or sleeping.(ie. Bedwetting/night terrors/comfort toy)

Does your child sleep in her/his own bed? _____

What time does your child wake up in the morning on weekdays? _____

Describe your child's quality of sleep. _____

How does your child awaken (dreamy, grumpy, etc.)? _____

Does your child nap? _____ If so, for how long? _____

Does your child participate in any evening or weekend programs? If so, please list:

Does your child watch TV or movies? _____ When? _____

How often? _____ For how long? _____

Does your child use any electronic devices _____ When? _____

How often? _____ For how long? _____

Are you willing to limit your child's media viewing time? _____

How does your child spend weekends? _____

Does your child prefer indoor or outdoor play? _____

What activities does your child enjoy with an adult? _____

LONDON WALDORF SCHOOL
Registration Questionnaire

If your child is entering Kindergarten, please answer the following three questions:

What activities does your child enjoy on his/her own? _____

When with other children, what does your child like to play? _____

What responsibility, if any, does your child have at home? (e.g. helping set the table, watering a plant, putting clothes away, feeding a pet, etc.)

5. STRENGTHS & CHALLENGES

Describe your child by naming a few strengths: _____

Name a few of your child's challenges: _____

Please describe how your child handles a situation when frustrated or angry:

How do you help your child process frustrations or anger? _____

LONDON WALDORF SCHOOL
Registration Questionnaire

6. OTHER

How did you learn about Waldorf education? _____

How did you hear about our school? _____

Any other comments or questions you wish to address during the upcoming interview?

Signature of Parent or Guardian: _____ Date: _____

Please note that all of the information in this questionnaire will be treated as confidential, accessible only to the faculty and staff of London Waldorf School.