



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 applicable non-refundable application fee.

Registration Interview

The teacher will phone you to set up an appointment for yourself, the child, the teacher and typically a second teacher. One teacher will meet with the child and the other with the parent(s) and then switch. This process may be adjusted for kindergarten interviews.

Acceptance by the Faculty

After the registration interview, the child is presented to the faculty for acceptance. 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 three month probation period.

Notification of Decision

Once a decision regarding acceptance is made by the faculty, the office will notify you of this decision.

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 teacher 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 and Staff of London Waldorf 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: _____ Work Phone: _____

Are there any custodial arrangements for this child of which the school should be made aware?
__yes __no (If "yes" please attach a separate sheet with the details of custodial arrangements with particular attention to who may and may not pick up and drop off your child, and how this might vary from day/week, week/month, to month.)

Mode of travel to and from school - please give details
(i.e. walk/bike/bus -alone or with accompaniment? car pool -with whom?)

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)

London Waldorf School

Interview Questionnaire

APPLICANT'S BIRTH 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 was your baby fed (bottle or breast)? When was he/she weaned?

Did your child crawl on hands and knees? For how long? _____

When did your child begin to walk? _____

When did your child begin to speak? _____

When did your child start teething? _____

When was your child fully toilet-trained? _____

Were there any complications or extraordinary events in the first three years of your child's life?

Please explain _____

APPLICANT'S MEDICAL HISTORY

Has your child participated in the Health Unit's vaccination schedule? Yes _____ No _____

Has your child had any serious illness or operations? Yes _____ No _____

If yes, explain. _____

London Waldorf School

Interview Questionnaire

Has your child had any head injuries? Yes _____ No _____

If yes, explain: _____

When did your child last have an eye exam? _____

Does your child require corrective lenses? _____

How long has she/he been wearing them? _____

Please describe any speech difficulties: _____

Has your child had a hearing test? Please describe any hearing difficulties:

Does your child have any physical disabilities, severe weakness, allergies?

EDUCATIONAL HISTORY

Has your child been involved in any early learning programs? Yes _____ No _____

If yes, please describe: _____

Did your child experience any difficulties in the current learning environment? (Anxieties, academic difficulties, challenges, etc.) If yes, please explain.

London Waldorf School

Interview Questionnaire

Does your child show any indications of learning challenges? _____

Has your child had any psychological or educational assessment? Yes ___ No ___

If yes, please give details and provide copies of professional assessment:

Is your child on medication for ADD/ADHD? Please specify. _____

Has your child had any behavioural challenges which have resulted in special programming or a school suspension? Yes ___ No ___ If yes, describe:

School subjects enjoyed most: _____

School subjects enjoyed least: _____

If your child is transferring from another school, please share the circumstances which have influenced your decision.

Please remember to provide a copy of your child's most recent report cards

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)? _____

What time does your child wake up in the morning? Weekdays? _____ Weekends? _____

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

What does your child eat for breakfast? _____

Does your child have a good appetite? _____

What is your child's favourite food? _____

London Waldorf School

Interview Questionnaire

Does your child have any dietary restrictions? _____

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

Please briefly describe your child's bedtime routine and any difficulties your child may have going to bed or sleeping. Does your child sleep in his/her own bed? Bedwetting? Night terrors? Comfort toy?

If you read or tell stories to your child, what are some favourite titles/topics?

Do you celebrate any festivals and holidays as a family? If so, which ones?

How does your child spend weekends? _____

How does your child spend vacations from school? _____

What responsibility, if any, does your child have at home? (i.e.:helping set the table, watering a plant, feeding/caring for a pet, or other household chores.)

What activities does your child like to do alone? _____

What does your child like to play with other children? _____

What activities does your child enjoy with an adult? _____

How would you describe your child's personality/temperament? _____

Does your child watch TV or DVDs? If so, what kind? (educational, cartoons, etc)

How often? _____ For how long? _____

London Waldorf School

Interview Questionnaire

Does your child use the Internet or play computer games? Yes _____ No _____

How often? _____ For how long? _____

Are you willing to consider the role of media viewing in your child's life? Yes _____ No _____

Does your child participate in organized activities after school? Yes _____ No _____

If yes, please list, including time commitment: _____

How often have you moved since your child was born? _____

Other places where your child has lived _____

Extended family: nearby? _____ Distant? _____

Please list names and ages of other children in the family (List names and ages of each sibling):

How did you hear about Waldorf education/our school? _____

We encourage you as parents to be actively involved in the London Waldorf School community. There are many ways to contribute your time and expertise. Please inquire.

Signature of 1st parent/guardian

Date (yyyy/mm/dd)

Signature of 2nd parent/guardian

Date (yyyy/mm/dd)