



# Potomac Crescent WALDORF SCHOOL

212 S. Washington Street, Alexandria, VA 22314 | (703) 486 - 1309 | www.potomacwaldorf.org

## 2022-2023 Elementary Grades Application

### ***Applicant Information***

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
first, middle, last

Birth Date: \_\_\_\_\_  
month/date/year

Gender:      Male      Female      Prefer to describe: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

How did you hear about us? *Mark all that apply.*

PCWS student/family  
Neighbor

Internet  
School Fair

Word of Mouth  
Other: \_\_\_\_\_

By whom were you referred? \_\_\_\_\_

### ***Program Options***

*Please select the program for which you are applying. Applicants for 1<sup>st</sup> Grade should be 6 years old by June 1, 2021. The Grades school day (except Thursday) is from 8:00am-2:30pm.*

Grade 1

Grade 2

Grade 3

Grade 4

Grade 5

I am interested in the following before and aftercare programs:

Early Bird (7:30am-8:00am)

*Please mark days desired. You may shift Early Bird enrollment later if space allows.*

Monday

Tuesday

Wednesday

Thursday

Friday

Thursday Afternoon Program (12:00pm-3:00pm)

*The Grades program has an early release on Thursdays at 12:00pm.*

**Parent/Guardian Information**

*Parent/Guardian 1*

Name: \_\_\_\_\_  
first, middle, last

Gender:      Male      Female      Prefer to describe: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
street, city, state, zip

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Custodial Rights:      Yes      No

Financial Responsibility:      Yes      No

Marital Status:

Married      Divorced      Separated      Remarried  
Single      Widowed      Other: \_\_\_\_\_

*Parent/Guardian 2*

Name: \_\_\_\_\_  
first, middle, last

Gender:      Male      Female      Prefer to describe: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
street, city, state, zip

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Custodial Rights:      Yes      No

Financial Responsibility:      Yes      No

Marital Status:

Married      Divorced      Separated      Remarried  
Single      Widowed      Other: \_\_\_\_\_

*We welcome families of all shapes and sizes. If further fields are needed to include all of your child's parents/guardians, please email the information to [admissions@potomacwaldorf.org](mailto:admissions@potomacwaldorf.org).*

**Previous Schools**

Has your child previously attended another school?      Yes      No

*Most Recent/Previous School Attended*

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

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
city, state

Attended from \_\_\_\_\_ to \_\_\_\_\_ Level Completed: \_\_\_\_\_  
month, year                      month, year

*Second Most Recent/Previous School Attended*

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

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
city, state

Attended from \_\_\_\_\_ to \_\_\_\_\_ Level Completed: \_\_\_\_\_  
month, year                      month, year

**Siblings**

Does your child have any siblings?      Yes      No

Sibling Name	Age	Birthdate	Gender	Current School

**Alumni or Currently Enrolled Students**

Does your child have any other relatives who currently attend, have attended, or have graduated from our school?      Yes      No

*If yes, please complete the table below.*

Alumnus(a) Name	Relationship to applicant	Years attended PCWS

**Home Life - Please attached an addendum as necessary for any section below**

Please describe your child's daily and weekly routines. Please include any regular activities, such as classes or sports.

What responsibilities, if any, does your child have at home (setting the table, watering plants, putting away clothes, feeding a pet, etc.)?

What activities does your child like to do on their own?

What kind of play does your child engage in with other children?

Please describe your child's interests, hobbies or talents (music, arts, sports, etc.).

Please describe your child's appetite and favorite foods.

What is your child's bedtime on school nights? \_\_\_\_\_

What is your child's bedtime on other nights? \_\_\_\_\_

Approximately how much media (television, movies, video games, computer, iPad, etc.) does your child experience each week? Please describe their typical media experiences.

**Applicant's History**

Please describe your child's early years.

At what age did the following occur?

	Age (in months)
Teeth first appeared	
Crawl	
Walk	
Speak	

Has your child ever been evaluated for or received any therapy (for example, learning differences or disabilities, speech or language development, emotional or behavior development, or chronic illness)?      Yes      No      If yes, please specify and include a copy of the evaluation.

Has your child experienced any significant events that you would want their teacher to know about (for example, the birth of a sibling, a parent's deployment, a major injury)?

### **Previous School Experiences**

Please describe your child's previous school experiences. In particular, please describe any concerns you have had with their school experiences.

If you are transferring from another school, why are you seeking a different school for your child?

### **Parent Questionnaire**

What qualities about Potomac Crescent Waldorf School make you believe it would be a good place for your child?

What do you imagine for your child's experience at a Waldorf school?

Does your family have prior contact or experience with Waldorf education (for example, books read, lectures attended, etc.)? If yes, please describe.

### **Electronic Signature**

The electronic signatures below and their related fields are treated by Potomac Crescent Waldorf School like a physical handwritten signature on a paper form.

*My signature below affirms that all of the information contained in this application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this application may jeopardize my child's admission.*

Check for electronic signature and to agree to the statement above

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

Date: \_\_\_\_\_  
month/date/year

### **Application fee**

Please pay a \$100 application fee via our website at <https://potomac-waldorf.square.site>, by check, or by cash. Checks or cash may be mailed to our office:

Potomac Crescent Waldorf School, Attn: Admissions, P.O. Box 320396, Alexandria, VA 22320

*Potomac Crescent Waldorf School does not discriminate on the basis of race, color, religion (creed), gender expression, age, national origin (ancestry), marital status, sexual orientation, political affiliation or military status in any admissions or tuition assistance decision. We are committed to providing an inclusive environment for all members of our school community.*