



# Potomac Crescent WALDORF SCHOOL

3846 King Street, Alexandria, VA, 22302 | (703) 486 - 1309 | www.potomacwaldorf.org

## 2021-2022 Early Childhood 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.*

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> PCWS student/family | <input type="checkbox"/> Internet    | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Neighbor            | <input type="checkbox"/> School Fair | <input type="checkbox"/> Other: _____  |

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

### ***Program Options***

*Please select the program for which you are applying. Please note that the Preschool class is for children between 3 years, 0 months and 4 years, 4 months old in September 2021. The Mixed-Age Kindergarten is for children between 4 and 6 years old in September 2021.*

Three-Day Preschool: Mondays through Wednesdays, 8:30am-12pm

Mixed-Age Kindergarten: Mondays through Fridays, 8:30am-12pm

I am interested in the following before and aftercare programs:

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

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

Monday  Tuesday  Wednesday  Thursday  Friday

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

*Please mark days desired. You may shift Afternoon Program enrollment later if space allows.*

Monday  Tuesday  Wednesday  Thursday  Friday

**Parent/Guardian Information**

*Parent/Guardian 1*

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

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

Relationship to Applicant: \_\_\_\_\_

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 Applicant: \_\_\_\_\_

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 the applicant's parents/guardians, please email the information to [admissions@potomacwaldorf.org](mailto:admissions@potomacwaldorf.org).*

**Previous Schools**

Has the applicant 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 the applicant have any siblings?  Yes  No

Sibling Name	Age	Birthdate	Gender	Current School

**Alumni or Currently Enrolled Students**

Does the applicant 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

## 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?

Please give a brief description of your home setting and daily rhythm/activities. Please include any regular activities, how long your child usually sleeps at night, what your child prefers to eat, and typical weekend activities.

What kind of experiences has your child had away from parents? If your child has been in school or daycare, please describe those experiences. If not, describe experiences with babysitters, play situations, etc.

If your child has been in school, please include a contact name and phone number in case we have any questions. \_\_\_\_\_

Please comment on your child's likes and dislikes, special circumstances or experiences, fears, etc.

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

At what age did your child do each of the following?

	Age (in months)
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 describe and include a copy of the evaluation.

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. I agree that PCWS may contact my child's school/teacher at the number I have listed above.*

Check for electronic signature and to agree to the statement above

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

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

## Application fee

Please pay a \$75 application fee via our website at <https://potomac-waldorf.square.site> by check, or by cash. Checks or cash may be mailed or delivered to our office:

Potomac Crescent Waldorf School, 3846 King St., Alexandria, VA 22302.

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