



# Potomac Crescent WALDORF SCHOOL

3846 King Street, Alexandria, VA, 22302 | (703) 486 - 1309 | [www.potomacwaldorf.org](http://www.potomacwaldorf.org)

## Potomac Crescent Waldorf School 2018-2019 Application

### ***Applicant Information***

Student Name:

\_\_\_\_\_  
(first, middle, last)

Student Nickname: \_\_\_\_\_

Student Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (date) (year)

Student Gender: ☐ Male ☐ Female ☐ Prefer to describe:

\_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(city, state, country)

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Current student | <input type="checkbox"/> Internet          | <input type="checkbox"/> School Fair   |
| <input type="checkbox"/> Former student  | <input type="checkbox"/> Phonebook         | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Neighbor        | <input type="checkbox"/> Print Advertising | <input type="checkbox"/> Other: _____  |

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

***Parent/Guardian Information***

***Parent/Guardian 1***

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

Salutation: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Other: \_\_\_\_\_

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

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country, if not US: \_\_\_\_\_

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)

Salutation: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Other: \_\_\_\_\_

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

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country, if not US: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Custodial Rights: ☐ Yes ☐ No

Financial Responsibility: ☐ Yes ☐ No

Marital Status:

- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Remarried

- ☐ Single
- ☐ Widowed
- ☐ Other: \_\_\_\_\_

*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).*

***Program Options***

*Applicants for 1<sup>st</sup> Grade must be 6 years old by June 1, 2018.*

Select the program for which you are applying:

- ☐ Grade 1
- ☐ Grade 2
- ☐ Grade 3
- ☐ Grade 4
- ☐ Grade 5

I am interested in the following before and aftercare programs:

- ☐ Early Bird (7:30am-8:30am)
- ☐ Afternoon Program (Thursdays, 12:30pm-3:00pm)
- ☐ Extended Day Program (3:00pm-5:30pm)

### Previous Schools

Has the applicant previously attended another school? ☐ Yes ☐ No

#### *Most Recent/Previous School Attended*

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

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country, if not US: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Attended from \_\_\_\_\_ to \_\_\_\_\_  
(month, year) (month, year)

Level/Grade Completed: \_\_\_\_\_

Has the applicant previously attended any other school? ☐ Yes ☐ No

*If yes, please complete the information below.*

#### *Second Most Recent/Previous School Attended*

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

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country, if not US: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Attended from \_\_\_\_\_ to \_\_\_\_\_  
(month, year) (month, year)

Level/Grade Completed: \_\_\_\_\_

### Siblings

Does the applicant have any siblings? ☐ Yes ☐ No

*If yes, please complete the table below.*

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

## Home Life

What is the applicant's bedtime on school nights? \_\_\_\_\_

What is the applicant's bedtime on other nights? \_\_\_\_\_

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

Please describe your child's daily activities.

Please describe your child's weekly activities outside the home, including classes, programs, sports, interests, and hobbies.

What activities does the applicant like to do alone?

What kind of play does the applicant engage in with other children?

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

Please describe your child's artistic or musical interests or talents.

### **Applicant's History**

Please briefly describe your child's birth.

Was your child adopted? If yes, please include the child's age at adoption.

At what age did the following occur?

Teeth first appeared	
Crawled	
Walked	
Spoke	

Has your child experienced any extraordinary events thus far in life? If yes, please describe.

Please describe your child's appetite.

Please describe your child's favorite foods.

What does your child typically eat for breakfast?

Does your child eat meals regularly? ☐ Yes ☐ No

Does your child eat at usual times? ☐ Yes ☐ No

Does your child have any dietary restrictions? ☐ Yes ☐ No



**Child Development**

Have you consulted a physician, counselor, or therapist about your child's development in any of the following areas?

- ☐ Learning differences or disabilities
- ☐ Speech or language development
- ☐ Emotional or behavior development
- ☐ Chronic illness

If yes, please describe the nature of the consultation(s) and any therapies sought, tutoring provided, and/or physical or educational accommodations required.

**Previous School Experiences**

Do you have any concerns about your child's previous school experience(s)? If yes, please describe.

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?

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

Do you have any further questions about PCWS and our grades program? If yes, please describe.

Do you have any further comments? 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.

### *Agreements*

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

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

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

### *Release of Records*

I waive my right to access confidential information contained in my child's admission file.

☐ Check for electronic signature

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

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

### *Application fee*

Please pay a \$100 application fee via our website at [www.potomacwaldorf.org](http://www.potomacwaldorf.org), 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