



Potomac Crescent WALDORF SCHOOL

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

Program Options

Please select the program for which you are applying.

Parent-Child Program

For children aged 24 to 36 months at the beginning of the session, and a caregiver.

Select the Parent-Child session(s) you would like to attend.

Please note: Registration for Parent-Child is limited to one-day per week for each child admitted. While many families apply for both Fall and Spring sessions of the class, we are unable to permit simultaneous registration for a child in both Thursday and Friday classes during any given session.

- ☐ Fall, Thursday Parent-Child Class, 9:30am-11:45am
- ☐ Fall, Friday Parent-Child Class, 8:45am-11:00am
- ☐ Spring, Thursday Parent-Child Class, 9:30am-11:45am
- ☐ Spring, Friday Parent-Child Class, 8:45am-11:00am

Do you have any flexibility on your choice of day? _____

Nursery and Mixed-Age Kindergarten

The Three-Day Nursery is for children who are between 3 years old and 4 years, 4 months years old at the beginning of the school year. The Mixed-Age Kindergarten is for children who are between 4 and 6 years old at the beginning of the school year.

Select the program for which you are applying:

- ☐ Three-Day Nursery
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)
- ☐ Afternoon Program (12:00pm-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 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 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

Parent Questionnaire

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

Please describe your child's daily activities.

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

Please give a brief picture of your home and family setting.

What kind of experiences has your child had away from his or her parents? Briefly describe experiences including babysitters, play situations, day care, etc.

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.

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

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

For Nursery and Mixed-Age Kindergarten applicants, please pay a \$100 application fee via our website at 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