



Potomac Crescent WALDORF SCHOOL

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

2020-2021 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.*

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. Please note that the Preschool class is for children between 3 years, 0 months and 4 years, 4 months old in September 2019. The Mixed-Age Kindergarten is for children between 4 and 6 years old in September 2019.

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.

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 www.potomacwaldorf.org/store, 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.