



Potomac Crescent WALDORF SCHOOL

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

2019-2020 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.*

- | | | |
|--|--------------------------------------|--|
| <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. Applicants for 1st Grade should be 6 years old by June 1, 2018.

- ☐ 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, may enroll for partial week if desired)
- ☐ Afternoon Program (Thursdays 12:00pm-3:00pm)

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.

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 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?

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 \$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.