



Name of **Father** _____

Address - Physical & Mailing _____

City _____

Province _____ Postal Code _____

Home Phone _____ E-Mail _____

Business Phone _____ Cell Phone _____

Occupation _____ Company _____

Name of **Legal Custodial Guardian/Agent** _____

Address - Physical & Mailing _____

City _____

Province _____ Postal Code _____

Home Phone _____ E-Mail _____

Business Phone _____ Cell Phone _____

Occupation _____ Company _____

Other Information:

Mother: Interests/Hobbies/Talents: _____

Father: Interests/Hobbies/Talents: _____

Guardian/Agent: Interests/Hobbies/Talents _____

If either, or both parents are deceased, if parents are separated or divorced, please state so and give name and relationship to the pupil of all adults and/or children living in the household:

Household where your child resides during the week: Mother & Father Mother Father Guardian Other _____



Sibling Information:

Name: _____ School: _____

Grade: _____ Date of Birth: _____ Also Applying? Male Female

Name: _____ School: _____

Grade: _____ Date of Birth: _____ Also Applying? Male Female

Name: _____ School: _____

Grade: _____ Date of Birth: _____ Also Applying? Male Female

Language(s) spoken in the home: _____

Doctor's Name _____ Phone: _____

Child's Medical Plan Health Number or Insurance Policy Details:

Please provide us with alternate emergency contacts and people you authorize to pick up your child in case we are unable to contact you.

Authorized Pick Up/Emergency Contact _____ Phone _____

Authorized Pick Up/Emergency Contact _____ Phone _____

Authorized Pick Up/Emergency Contact _____ Phone _____

In case of snow or other extraordinary circumstances in which transportation and/or communication may be interrupted, we need to know where or with whom your child should go:

Early dismissal Contact Person _____ Phone: _____

Do you authorize the Cedar Valley School to take care of your child during an emergency if we are unable to contact you? This may include transportation to the hospital and basic first aid.

Yes No

Parent/Guardian Signature(s)

_____ Date: _____



MEDICAL INFORMATION

Does your child have any medical conditions? Please describe together with any treatments.

Please state any known allergies (food/animal/medication) and symptoms experienced. _____

Does your child have any physical challenges? _____

Does your child have any special fears? _____

Give a brief evaluation of your child's health: _____

What are your child's basic sleep patterns? _____

How is your child's diet (concerns?): _____

Has your child recently had a hearing test? Yes No

Been diagnosed with a hearing problem? Yes No

History of chronic ear infections? Yes No

Has your child recently had a test for vision? Yes No

Known vision problems? Yes No

Does your child wear glasses or contacts? Yes No

Comments: _____



Please check the appropriate boxes if your answer is 'yes' to any of the following questions

Has your child had any of the following illnesses?

Or ever been immunized for any of the following illnesses?

- Chicken Pox ILLNESS IMMUNIZED (YR./MTH.) _____
- Measles (Rubeola) ILLNESS IMMUNIZED (YR./MTH.) _____
- German Measles (Rubella) ILLNESS IMMUNIZED (YR./MTH.) _____
- Mumps ILLNESS IMMUNIZED (yr/mth) _____
- Whooping Cough(Pertussis) ILLNESS IMMUNIZED (yr/mth) _____
- Poliomyelitis ILLNESS IMMUNIZED (YR./MTH.) _____
- Diphtheria ILLNESS IMMUNIZED (YR./MTH.) _____
- Tetanus ILLNESS IMMUNIZED (YR./MTH.) _____
- Haemophilus B ILLNESS IMMUNIZED (YR./MTH.) _____
- Hepatitis B ILLNESS IMMUNIZED (YR./MTH.) _____

Is your child receiving...

- Medication? Yes No
- Medical Attention? Yes No
- Psychological help? Yes No

Does your child suffer from...

- Hyperactivity? Yes No
- Dyslexia? Yes No
- Other learning disability?
 Yes No

Has your child had any of the following illnesses or conditions?

- Asthma
- Hay Fever
- Scarlet Fever
- Diabetes
- Epilepsy
- Convulsions/Fits

Has your child ever experienced any of the following?

- Concussion
- Major Surgery
- Admission to Hospital

At birth was your child....

- Premature? Yes No
- Very small? Yes No
- Given special care? Yes No



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TEACHER INFORMATION

By what name does the student address? Mother: _____ Father: _____

Previous Daycare/School Experiences

Name of Facility	Address	Dates

Comments: _____

Does your child watch TV and/or videos? Yes No

Average Hours of TV/video watching: Daily? _____ Weekly? _____

Does your child use a Computer? Yes No Average Hours per Week? _____

What are the areas, in your tasks of parenting that you would like to improve/expand/enhance? _____

Why are you choosing Waldorf Education for your child? _____

How did you find out about Waldorf Education? _____

Have you attended any parenting courses? Where? _____

Are you interested in Waldorf Parent Courses? _____

What are your hopes/desires for your child attending school? _____



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Has your child ever exhibited behaviours (i.e. aggression, use of inappropriate language etc.) that were a particular challenge for you or any other care provider/teacher? If so, please describe the behaviour and include what steps were taken _____

Do you have any further comments or concerns that would help us in our work with your child? (Include professional or therapeutic support) _____

Application for After Care: If you are interested in aftercare, please indicate which program and days you request. In order to ensure the programs are available and your child has a reserved spot, we need to know the enrollment now. Program availability will depend upon enrollment. Fees are due the first of the month.

Grades Aftercare (ages 5 and up). Monday – Thursday 3:15 – 5:45, Friday 12:00 – 5:45

Mon Tues Wed Thurs Fri

Preschool aftercare (ages 3 – 5) Mon / Wed, Tues/Thurs 12:00 – 3:00.

Mon / Wed Tues/Thurs

Parent/Guardian Signature(s)

Mother: _____
Year Month Day

Father: _____
Year Month Day

Guardian: _____
Year Month Day

IMPORTANT: Your application can only be processed if ALL the Information on these pages is completed.

A one-time non-refundable fee must accompany this application:

\$55.00 Attached

For office: Received _____ \$55 App. Fee _____
Use Only

*Cedar Valley Waldorf School, Box 5356, Squamish, BC V8B 0C2
38265 Westway Ave.*

Need more info? Please call the school 604-898-3287 or email info@cedarvalleyschool.com