Toronto Waldorf School
CHILD CARE APPLICATION FORM

GENERAL INFORMATION ABOUT THE (CHILD) APPLICANT:

Name: _____, _____ _____
Legal Last Name Legal First Name Legal Middle Name/s

Home (Mailing) Address:

_____

_____ Postal Code: _____

Birthdate: (YYYY / MM / DD) _____/_____/_____ Gender: ☐ Male ☐ Female

Applying For:

*Please note that we will only offer 5 Full-day schedule for our Child Care Programs (effective September 2020)

☐ Toddler Program (18- 30 m.) 5 Full-day (M-F)	☐ Preschool Program (2.5 – 4/5 yrs.) 5 Full-day (M-F)

Desired Date of Entrance: _____/_____/_____
YYYY / MM / DD

Present Child Care of Applicant:

_____

If you are transferring from another Child Care and/or Waldorf program please include your reasons for doing so:

_____

Attended Joyful Beginnings or Parent & Tot Programs before?
(Please indicate which program and which Session):_____

How did you hear about us?: _____

_____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

_____, _____ _____

Legal Last Name | Legal First Name | Commonly Used Name

Full Mailing Address *(if different from the child's full mailing address on previous page):*

_____

_____ **Postal Code:** _____

Home Phone: _____ **Mobile Phone:** _____

Email Address for school correspondence: _____

Parent/Guardian #2

_____, _____ _____

Legal Last Name | Legal First Name | Commonly Used Name

Full Mailing Address *(if different from the child's full mailing address on previous page):*

_____

_____ **Postal Code:** _____

Home Phone: _____ **Mobile Phone:** _____

Email Address for school correspondence: _____

For Office Use Only:

Tour Date: _____/____/____ (YYYY / MM / DD)

Application Received Date: _____/____/____ (YYYY / MM / DD)

Administrator Signature: _____