



EARLY CHILDHOOD APPLICATION FOR ENROLLMENT

Date: _____

Child's full name _____ Birthdate: _____ Gender: _____
(month/date/year)

Desired date of school entrance: _____

Check preference:

- Monday-Friday
- Monday /Tuesday/Wednesday

Check length of day:

- 8am-5pm
- 8am-2:30pm
- 8am-12pm

How did you hear about the White Mountain Waldorf School?

- Friend
- Website
- Print
- Facebook
- Other

Full name of parent 1: _____ (C)Phone number: _____

Email address: _____ (H)Phone number: _____

Physical/Mailing address: _____

Occupation: _____ Name of employer: _____

Full name of parent 2: _____ (C)Phone number: _____

Email address: _____ (H)Phone number: _____

Physical/Mailing address: _____

Occupation: _____ Name of employer: _____

Parents are: married separated divorced share custody single

If parents are separated or divorced;

Child lives with: _____

Correspondence should be addressed to: _____

Please include a \$40 non-refundable application fee: cash credit check # _____

Applications are considered complete when all the steps of the Admissions Checklist are finished.

All programs contingent upon adequate enrollment.

Best times to meet with your teacher (please indicate three days/times): _____