

Application for New Families 2019-2020

Student Applicant Information

Name			Gender	
	First	Middle	Last	
	Applying for Grade o	or Early Childhood Program: # of Days (3, 4 o	r 5) Morning Program Extended Day_	
	How late in the day do you need care for your child?			
	Birth Date	Proposed Date of Entrance		
	School Presently Attendir	ng		
Pare	ent/Guardian Info	rmation		
Name				
	First	Middle	Last	
	Relationship to Applicant	:		
	Street Address	City	State & Zip	
		•	•	
	Phone Home	Work	Mobile	
	Email			
	Employer			
Name				
	First	Middle	Last	
	Relationship to Applicant			
	Address		0 0 . 71	
		City	State & Zip	
	Phone Home	Work	Mobile	
	Email			
	Employer			
Namo			School Presently Attending	

With whom does the child live?

General Information	
What is your family's familiarity with Waldorf education?	
Please describe your child in regard to his/her interests, personality, hobbies, likes, dislikes, favorite activit	ies, toys, sports
programs, language(s) spoken, etc.	
Please describe the role that screen media plays in your child's life (TV, movies, computer, tablet and smart	phone use).
Please describe your child's daily rhythm (meals, chores, bedtime, going-to-bed ritual, waking up etc.).	
Please describe your child's diet, dietary restrictions, or allergies.	
How did you learn about the Eastside Community School?	
Signature of Parent/Guardian	
	Date
	Date

Please return this form with a \$75 application fee to: **Eastside Community School,** Attention: Admissions, 556 124th Ave NE, Bellevue, WA 98005

Or e-mail to: admissions@eastsidecommunityschool.org and pay \$75 application fee via PayPal (see link in the middle of the page: http://threecedarswaldorf.org/admissions-how-to-apply/)