



**Nursery/Kindergarten**

**APPLICANT INFORMATION**

Student's Name (LAST/FIRST/MIDDLE)  Male  Female

Address (STREET)

(CITY/STATE/ZIP)

Country of Birth

Applying for

- Two-Year-Old Program  3 Half-Day Nursery  5 Half-Day Nursery  5 Full-Day Nursery

- 5 Half-Day Kindergarten  5 Full-Day Kindergarten  Extended Day Program (3:00-5:30) YES | NO

DATE OF APPLICATION

Entry Date (MONTH/YEAR)

Date of Birth (MONTH/DAY/YEAR)

Social Security Number

Telephone

Country of Citizenship

**SCHOOL INFORMATION**

Present School

Your Local School District (IMPORTANT)

Present School Address (STREET/CITY/STATE/ZIP)

Present School Telephone

May we send for records?

yes no

Parent's Signature

**FAMILY INFORMATION**

Parent's Name  Male  Female

Address (IF DIFFERENT FROM APPLICANT)

Phone (IF DIFFERENT FROM APPLICANT)

Cell Phone

Email

Occupation

Name of Employer

Business Address

Business Phone

Business Email

Parent's Name  Male  Female

Address (IF DIFFERENT FROM APPLICANT)

Phone (IF DIFFERENT FROM APPLICANT)

Cell Phone

Email

Occupation

Name of Employer

Business Address

Business Phone

Business Email

**PARENTS' MARITAL STATUS**  Married  Separated  Divorced  Single  Remarried  Other

If parents live separately, to whom should correspondence be sent?

Please supply any pertinent information about child's stepparents and/or guardians

**EMERGENCY INFORMATION**

Person to notify in event of an emergency

Telephone

Relationship to applicant

Please list all siblings of applicant:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade/School \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade/School \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade/School \_\_\_\_\_

How did you learn about Green Meadow Waldorf School? \_\_\_\_\_  
\_\_\_\_\_

Please list relatives who have attended Green Meadow Waldorf School \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

### CHILD'S HISTORY

Age of parents at time of child's birth \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Describe pregnancy \_\_\_\_\_  
\_\_\_\_\_

Describe delivery \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Early \_\_\_\_\_ Hospital \_\_\_\_\_ C-Section \_\_\_\_\_ Birthing Center \_\_\_\_\_ Home

Please note any complications \_\_\_\_\_

Medications given \_\_\_\_\_

How long was birth? \_\_\_\_\_ Did child have jaundice? \_\_\_\_\_

If adopted, please indicate age of child at adoption and circumstances of adoption \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth weight \_\_\_\_\_ Was child breast fed? \_\_\_\_\_ If yes, please indicate age child stopped breast feeding \_\_\_\_\_

Age of teething \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

When was child toilet-trained? \_\_\_\_\_ Does child wet bed? \_\_\_\_\_

If yes, under what circumstances? \_\_\_\_\_

Does child suck thumb or fingers? Any other habits? (nail biting, hair twisting, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any sounds which the child does not speak clearly (such as R, Y, D)? \_\_\_\_\_  
\_\_\_\_\_

Do both parents reside in the home? \_\_\_\_\_ If not, does child have contact with both? \_\_\_\_\_

Describe arrangements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any complications or extraordinary events in the first three years of the child's life? Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any learning programs or playgroups in which the child has been involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Illnesses (include measles, mumps, chicken pox, etc.) \_\_\_\_\_

Allergies \_\_\_\_\_

Does child require use of an Epi-pen? YES | NO

Medications currently in use? \_\_\_\_\_

Injuries sustained \_\_\_\_\_

Vulnerable areas in child's health: \_\_\_\_\_lungs, \_\_\_\_\_stomach, \_\_\_\_\_ears, \_\_\_\_\_nose, \_\_\_\_\_throat, \_\_\_\_\_constipation, \_\_\_\_\_diarrhea, \_\_\_\_\_other.

Please explain \_\_\_\_\_

---

### HOME AND FAMILY RHYTHMS

What time does child awaken on weekday mornings/weekend mornings? \_\_\_\_\_

How does child awaken (dreamy, cheerful, crabby, etc.)? \_\_\_\_\_

Does child nap during the day? \_\_\_\_\_

Does child eat breakfast? What does he/she eat? Please describe eating habits \_\_\_\_\_

Do you and your child follow any special diet? \_\_\_\_\_

What foods does child like most? \_\_\_\_\_ Least? \_\_\_\_\_

What meals does child have with entire family? \_\_\_\_\_

What time are meals? \_\_\_\_\_

Does child have regular chores? If so, what are they? \_\_\_\_\_

Please provide examples of how you discipline your child \_\_\_\_\_

How would you describe your child's temperament? Describe your child briefly \_\_\_\_\_

What time does your child go to bed on weekdays/weekends? \_\_\_\_\_

What, if any, are your bedtime rituals? \_\_\_\_\_

Does child fall asleep easily? \_\_\_\_\_ Does he/she sleep through the night? \_\_\_\_\_

Any history of recurring dreams or nightmares? \_\_\_\_\_

What are your family's weekend activities? \_\_\_\_\_

Do you consider routine/rhythm important in your child's life? If so, what do you do to provide it? \_\_\_\_\_

What language(s) is spoken at home? \_\_\_\_\_ What language(s) does child speak? \_\_\_\_\_

Describe home life or attitudes that you consider to be unique or different in your home? \_\_\_\_\_

What festivals/holidays does your family celebrate? \_\_\_\_\_

**CHILDCARE SITUATION:** Parents only \_\_\_\_\_ Part-time caretaker (number of hours) \_\_\_\_\_ Full-time caretaker \_\_\_\_\_

Does child have extended family? If so, describe relationship \_\_\_\_\_  
\_\_\_\_\_

---

## PLAY

What activities does family do together that child enjoys? \_\_\_\_\_  
\_\_\_\_\_

Does child swim or participate in other physical activities, organized sports, lessons or classes? \_\_\_\_\_  
\_\_\_\_\_

Does child have any special interests? \_\_\_\_\_  
\_\_\_\_\_

Does child use computer or play computer games? \_\_\_\_\_ How often? \_\_\_\_\_

Does child watch TV, videos or DVDs? \_\_\_\_\_ Please explain \_\_\_\_\_  
\_\_\_\_\_

Do you and your child listen to music at home? \_\_\_\_\_ Please describe \_\_\_\_\_  
\_\_\_\_\_

Do you play the radio or other types of recorded music in the car? \_\_\_\_\_ Are you willing to limit your child's viewing and listening time? \_\_\_\_\_

If your child has siblings, please describe how your child plays and interacts with them \_\_\_\_\_  
\_\_\_\_\_

Does your child have pets? \_\_\_\_\_  
\_\_\_\_\_

Does your child have neighborhood friends? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Please describe how your child plays and interacts with them \_\_\_\_\_  
\_\_\_\_\_

Does child have imaginary playmates? \_\_\_\_\_ Give their names and describe \_\_\_\_\_  
\_\_\_\_\_

What kinds of play and toys does your child enjoy most? \_\_\_\_\_

Least? \_\_\_\_\_

Is there a special toy, doll or blanket? \_\_\_\_\_

What is child's outdoor play environment? \_\_\_\_\_  
\_\_\_\_\_

---

Is there anything you feel is pertinent to your child's biography that has not been covered above (e.g. special abilities, physical characteristics, behavioral, medical or emotional concerns to overcome)? If child is transferring from another school, please explain reason, using a separate sheet of paper.

**PLEASE USE A SEPARATE SHEET OF PAPER TO WRITE A MINIMUM OF TWO PARAGRAPHS DESCRIBING WHY YOU CHOOSE WALDORF EDUCATION FOR YOUR CHILD AND PLEASE INCLUDE A RECENT PHOTO OF YOUR CHILD.** Remember that both your scheduled interview with the teachers as well as the Orientation are for parents only. Both parents are required to be present at the teacher interview! Your child will be invited to a playgroup at a later date.

Note: A nonrefundable fee of \$50 must accompany this application. The application will not be processed without the fee, nor can an interview be scheduled. Final acceptance is based upon parent interview, playgroup observation and the availability of space in the Nursery/Kindergarten. Applicants are considered for admission without regard to race, religion, ethnic origin or gender.