

Early Childhood Application

This application supplement should be used only after you've completed our ONLINE DATABASE FORM.

Today's Date _____

School Year Applying for _____ Grade Applying for _____

Full Name of Child _____

Birth date _____

Parent/Guardian Nameg _____

Parent/Guardian Relationship Status: _____

Have you read any books on Waldorf Education? If so, please list (also lectures, workshops, fairs).

Why do you choose to send your child to our Waldorf school?

Early History

Please describe your child's earliest, years beginning with pregnancy and birth. It is helpful for us to learn about your child's movement and speech development, as well.

History of Health

Please briefly describe your child's health history. Please include any childhood illnesses, ear infections, high fevers, injuries or other health issues.

Present Health Situation

Does your child have any allergies? _____

Is your child taking any medications? If so, why? _____

Is your child toilet-trained? Yes No

Does your child sleep through the night? Yes No

Are you aware of any learning difficulties? Yes No

Is there anything that might require special attention at school? If so, please explain.

Family Life

Is your child living with both parents? _____

If no, please explain family situation _____

Was your child adopted? _____ If so, at what age? _____

What is the primary language(s) spoken in the home? _____

How long have you lived in the area? _____

Please list other children in the family:

Name	Age	Gender	School/Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe the community of family members and/or friends who are in your child's life.

Please describe your child's normal daily routine including meal times.

When does your child typically go to bed? _____

When does your child typically wake up? _____

Does your child take naps? _____

Does your child watch DVDs, videos, television or spend any time in front of a computer in your home? If so, how much time?

Is your child exposed to media screens outside of the home? Please describe.

Please describe how your child interacts with other children.

What are your child's favorite play activities when alone? With others?

Is your child involved in any formal activities outside of the home (e.g. lessons, classes, sports, etc.)?

Does your child dress her/himself? _____

Would you be interested in after-school care for your child? _____

Is there anything else you would like us to know about your child?

In a paragraph, please describe your child, including interests, tendencies and characteristics (Use back of application if necessary).

By clicking this box, you give SWSF permission to contact your child's current teacher:

Printed Name: _____

Current Teacher's Name

Teacher's Phone Number

Please return a photograph of the student (if not already upload) and this application to admissions@summerfieldwaldorfschool.org. You may pay the \$95 application fee online.

For Office Use: Date Received _____ Amount \$ _____ Cash or Check # _____ Received by _____