

Sweet Pea & Blossoms/Early Childhood Application Form

Today's Date _____

School Year Applying for _____ Grade Applying for _____

Sweet Pea or Blossoms

Full Name of Child _____ **Gender** _____

Birth date _____ Ethnicity _____ Current Grade _____

Parent/Guardian Name _____ Home Phone _____

Address _____

Street

City

St

Zip Code

Occupation _____ Cell Phone _____

E-mail _____

Skills & Interests _____

Parent/Guardian Name _____ Home Phone _____

Address _____

Street

City

St

Zip Code

Occupation _____ Cell Phone _____

E-mail _____

Skills & Interests _____

Parent/Guardian Relationship Status: _____

How did you *first* hear about Summerfield? _____

Family Life

Please describe your child's family life. Do they have siblings? Do grandparents and other family live nearby? Do you take regular trips to visit relatives? _____

Does your child participate in any other programs regularly? Please describe: _____

Have you attended another Waldorf school? Please describe the school and program: _____

Have you attended previous classes at Summerfield? If so, when? _____

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

Present Health Situation

Does your child have any allergies? _____

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

Does your child sleep through the night most nights? _____

Are you aware of any learning difficulties? _____

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

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

Birth Story and Pregnancy

We hope you will describe your child's birth story in as much detail as you would like. Where were they born?

How was the labor and delivery? _____

Were they a sleepy baby? Wakeful baby? _____

Can you remember anything about those first few weeks?

Please share anything you would like about your pregnancy.

Movement / Speech

The timing of the gross motor milestones is not so important, however, we would love to hear about their movement development. Prompt questions if needed are:

Did they spend any time on the floor or a flat surface before they crawled?

How long did they enjoy crawling?

How did you transport your baby from place to place other than the car and the car seat when travelling? Did you use a stroller, baby carrier, swings, etc.

Do you remember your child's first words? Did speaking come easily to your child? Is there anything you want to share about their speech development?

Please describe your child's daily routines including waking in the morning and going to bed at night and everything in between. What time does your child go to bed? Wake up? Are most days the same? If not describe an average weekday and a weekend.

Activities

Does your child watch DVD's, videos, smart device, or television, or spend time in front of a computer at your house? If so how much time? _____

Is your child exposed to any of the above at someone else's house? If so please describe.

Does your child enjoy playing by themselves? _____

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

With others? _____

Does your child have a regular caregiver? _____

Do you get together with playmates regularly? _____

Does your child practice dressing themselves? _____

Are they particular about their clothes? _____

Are they particular about their food? _____

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

In your own words please describe your child, including interests, tendencies and characteristics?

Feel free to use another piece of paper if you like.

Please attach a photograph and return with \$95 Processing Fee to the Admissions Office.

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