

(Download and save this pdf to your computer before filling it out.)

Farm Classroom 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 Name _____

Parent/Guardian Relationship Status: _____

How did you hear about Summerfield?

How have you heard about the Farm Classroom at Summerfield?

What observations or experiences in your child's education so far sparked your interest in considering the farm classroom for your child?

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? Curriculum _____ Arts _____ Farm _____
Spiritual Philosophy _____ Other , Please explain VYck :

What Sports programs and/or private lessons does your child participate in?

Musical instrument your child plays: _____

Foreign language your child is learning: _____

Early History

How was the pregnancy and birth; any special conditions or health problems?

Was child under-active, normally active or overactive as an infant? _____

Was child a sound sleeper? _____ Was child breastfed? _____ How long? _____

When did the first teeth come in? _____ When did the child crawl? _____

When did the child start walking? _____ Talking? _____ Toilet trained? _____

Were there any problems with eyes / ears / feet / etc.?

Speech? _____ Skin? _____ Coordination? _____

Other problems, i.e. illness, operations, trauma?

History of Health

Please list the illnesses your child has had and at what age:

Diphtheria German Measles Chicken Pox Whooping Cough

Mumps Scarlet Fever Measles Ear Infections

Other

Has your child had any serious injuries /accidents or surgery? If so, give date and describe briefly:

Present Health Situation

Allergies? _____

Does child contract colds easily? _____ Ear Infections? _____ Respiratory weakness? _____

Does child vomit easily? _____ Nose Bleeds? _____ Frequent Headaches? _____ High Fevers? _____

Is child on medication? If yes, which one(s)? _____

Does child wear glasses? _____ For what condition? _____

Does child wear a hearing aid or other medical device? _____

Strong food preferences or dislikes? _____

Has child undergone psychological testing or treatment? _____

Are there any physical characteristics that might require special attention? If so, please explain:

Can the child take part in a normal physical education program?

Anything unusual in the child's development?

Family Life

Is your child living with both parents? _____

If no, please explain family situation _____

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

How long have you lived in the area? _____

Other children in the family:

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

Bedtime? Weekdays _____ Weekends _____

Time child awakes? Weekdays _____ Weekends _____

How many hours per week does your child spend watching television? _____

Are you aware of any learning difficulties? Please describe.

Describe how your child is socially with peers.

In a paragraph, please describe your child including interests, tendencies and characteristics.

Give SWSF permission to contact a child's current teacher:

Printed Name: _____

Current Teacher's Name

Teacher's Phone Number

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

For Office Use:

Date Received _____ Amount \$ _____ Cash or Check # _____ Received by _____