

Application for Enrollment for Early Childhood

Application Received: _____

Please answer all applicable questions

Student's Full Legal Name _____ Birthdate _____

Student's Primary Address _____

City, State, Zip _____

Applicant is: Boy Girl

Preferred Number of Days _____ Half Full

We strive to create a diverse population of students and families. The question below is designed to give applicants an opportunity to identify themselves if they wish to:

Student is: African –American Asian/Pacific Caucasian East Indian European Hispanic Latina Middle Eastern Native American
 Multi-racial Other: _____

Applicant's Parent or Guardian

Parent/Guardian Name: _____

Home address: _____

E-Mail Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Spouse/Partner Name: _____

E-mail Address: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Parent 2 or Guardian

Parent/Guardian Name: _____

Home address: _____

E-Mail Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Spouse/Partner Name: _____

E-mail Address: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Are parents separated? Yes No Divorced? Yes No If yes, who has legal custody? _____

To complete the application process please provide documentation of current custody agreement and contact information for all parents(s)/guardians(s).

For information about Tuition Adjustment please visit our website, www.madisonwaldorf.org, pull down the Admission tab and click on Tuition.

Application for Admission continued

Early Childhood Programs and/or grade schools the student has attended:

| Name of Institution/Day Care | Address (City, State, Zip) | Attendance Dates | Grade(s) |
|------------------------------|----------------------------|------------------|----------|
| Name of Institution/Day Care | Address (City, State, Zip) | Attendance Dates | Grade(s) |
| Name of School/Day Care | Address (City, State, Zip) | Attendance Dates | Grade(s) |
| Name of School/Day Care | Address (City, State, Zip) | Attendance Dates | Grade(s) |

Please fill in as much of the information below as possible. This is an important part of our admissions process and provides information we need to better understand your student. Print N/A where not applicable.

Name of principal or guidance counselor at last school attended: _____

Subjects enjoyed most: _____

Subjects enjoyed least: _____

School activities (clubs, teams, orchestra etc.): _____

Activities outside of school (hobbies, lessons, community service, etc.): _____

Foreign languages spoken, if any: _____

Musical instruments played, if any: _____

Hours of screen time per week (computer, games, TV, movies, iPhones, e-mail etc.) if any: _____

What do you consider your student's strongest aptitudes and traits of character? _____

What traits would you especially like to see strengthened? _____

Has student ever received disciplinary consequences at school or from the community? Yes No

If yes, please explain: _____

Names of siblings (include age, school/college/other): _____

Name of relatives and/or friends who attend(ed) Madison Waldorf School or any other Waldorf school. _____

Name of person, publication, event or media where you most recently heard about Madison Waldorf School. _____

Special Considerations

Does your child have an Independent Educational Plan (I. E. P.)

Note below (or separately) any physical disabilities, academic and /or emotional challenges or conditions for which student has received treatment.

Please list any medications your child takes to treat these conditions. _____

Do we have your permission to consult with the appropriate resource(s) for evaluations concerning the above challenges or conditions?

Yes No Parent/Guardian Signature _____

Name, address and phone number(s) of resources for evaluations: (Copies of evaluations for any testing should be included with this application)

Early Childhood Program Only : Written Interview

The information below will be kept confidential and only be shared with the Faculty. A written interview is very helpful to determine the best possible placement of your child and to help the teacher know your child. Please feel free to leave any question blank that may make you uncomfortable.

Describe the circumstances of your child's birth. For example: hospital, home, cesarean, peaceful, fast, fretful, crying, early traumas, etc.

How old were the parents when the child concerned was born?

Mother: _____ Father: _____

How was the pregnancy? _____

Please list any illnesses that occurred to your child since birth, including mumps, measles, chicken pox etc. _____

Allergies: _____

Medications: _____

Major Injuries: _____

Vulnerable areas of your child's health:

Lungs Stomach Ears Nose Throat Constipation Eyes Diarrhea Other

Please explain: _____

How active would you consider your child: Active Moderate Less Active

When does your child wake up on the week days? _____

When does your child wake up on weekend days? _____

How does your child wake up (fussy, cheerful, dreamy)? _____

What does your child eat for breakfast? _____

Describe your child's eating habits: _____

Please describe any family rhythm or "routine" with the child: _____

Please describe anything in your child's life that would be considered unique or unusual: _____

What activities does your child like to do for recreation and fun? _____

Does your child watch television or videos? _____

Does your child use the computer? _____

Please describe frequency and content: _____

What is the mother's language? _____

What is the father's language? _____

What language is spoken at home? _____

What is the child's main language? _____

