

Application for Early Childhood Enrollment



THE waldorf
SCHOOL OF PHILADELPHIA

Date of Application: _____

Applicant Information

Applicant's last name: _____

First name: _____ Prefers to be called: _____ Gender: _____

Date of birth: _____ Applicant's current age: _____ Desired entry date: _____

Has the applicant applied before? Yes (date) _____ No

Has the applicant attended Summergarten camp? Yes (date) _____ No

Has the applicant attended our Parent Child Program? Yes (date) _____ No

Present school or day-care: _____

School mailing address: _____

Classroom teacher or Director: _____

Attended since: _____ School phone number: _____

Applicant's brothers and sisters (names, ages, schools attending):

Enrollment

____ 3 Half Days ____ 3 Full Days ____ 5 Half Days ____ 5 Full Days

Family Information

Parent / Guardian 1 _____
(first and last names)

Relationship to the applicant _____

Address _____

Home phone _____

Mobile phone _____

E-mail _____

Occupation _____

Employer _____

Work Phone _____

Applicant lives in this household Yes No

Adults in this household are:

- Married Divorced
- Partnered Widowed
- Separated

This parent / guardian lives in Same Different Household

Parent / Guardian 2 _____
(first and last names)

Relationship to the applicant _____

Address *(if different)* _____

Home phone *(if different)* _____

Mobile phone _____

E-mail _____

Occupation _____

Employer _____

Work Phone _____

Applicant lives in this household Yes No

Adults in this household are:

- Married Divorced
- Partnered Widowed
- Separated

If necessary, please clarify custody, living and visitation arrangements: _____

Is there agreement in the family regarding school choice? Yes No

Home and Family Rhythms

Languages spoken at home: _____

What time does your child awaken on weekday mornings/weekend mornings? _____

Does your child nap during the day? Yes No How long? _____

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

Is your child sleeping in his/her own crib or bed? Yes No At what age did this start? _____

What is your bedtime ritual? _____

Does your child fall asleep easily? Yes No

Does he/she sleep through the night? Yes No

Does your child eat breakfast? Yes No

What does your child eat (*Describe eating habits*):

Does your child have regular chores? If so, what are they? _____

How would you describe your child's personality? _____

How do you discipline your child? _____

How does your child react when frustrated or upset? _____

What does your child do when displeased with another child? _____

How does your child transition away from you? _____

Play

What activities does your family do together that your child enjoys?

Does your child take part in other physical activities, organized sports, lesson or classes?

Yes No

What kind of play does your child enjoy most? Least? _____

Does your child use a computer or play computer games? _____ How often? _____

Does your child watch TV or videos? _____ Which programs? _____

How often? _____ How long? _____ When? _____

Would you be willing to limit screen time? Yes No

What aspect(s) of Waldorf Education are most important to you and how do you think they can benefit your child?

How did you learn about Waldorf Education and The Waldorf School of Philadelphia? _____

Family members who have attended WSP (names, relationship to applicant, years of attendance) _____

Health Information

Please tell us about your child's birth. Were there any complications during pregnancy? _____

If adopted, at what age and under what circumstances? _____

How was your child fed during the first year of life? If breastfed, how long? _____

At what age did your child crawl? _____ Walk? _____ Speak? _____ Use sentences? _____

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

Were there any complications or extraordinary events in the first three years of your child's life? Yes No

Please explain:

Is your child toilet-trained? Yes No At what age? _____

Does your child follow any special diet? _____

Allergies: _____

Current medication: _____

Injuries sustained: _____

Financial Aid

Are you applying for financial aid? Yes No

Please apply online at <http://sss.nais.org/parents>. Do not wait for our admissions decision before starting this process.

Who will be responsible for paying tuition? (full names) _____

References

If your child is currently attending another school, please complete and return the Pre-K Recommendation Form which is attached to this application.

Which other schools are you seriously considering? _____

Signature

Signature of Parent / Guardian

Date

Signature of Parent / Guardian

Date

By signing this application, you affirm that all information provided is accurate, to the best of your knowledge.

Once the following checklist is complete, we can begin processing your application:

- Attach a recent photograph of your child.
- Request teacher recommendation form, if applicable.
- Return the completed application with your non-refundable fee of \$60.00 payable to *The Waldorf School of Philadelphia*.