



THE WALDORF SCHOOL OF SAN DIEGO

A Member of the Association of Waldorf Schools of North AmericaSM

Early Childhood Application

To be completed by parent or guardian. Please return with non-refundable \$150.00 application fee (\$50.00 for siblings of re-enrollees).

Nursery applicants must be three years old by September 1 for September entry, and be able to use toilet facilities independently.

Kindergarten applicants must be four years old by May 1 for September entry and be able to use toilet facilities independently.

(Grade 1 applicants must be six years old by May 1 for September entry.)



Applicant Information

Applying for start date of (month/year): _____

Please check the program in which you are interested:

Nursery, 3 days/week (ages 2 yrs., 9 mos. – 4 yrs., 4 mos.)

- Morning Only (8:15 a.m.-12:30 p.m.)
- Morning, Nap & Play (8:15 a.m.-3:00 p.m.)

Nursery, 5 days/week (ages 2 yrs., 9 mos. – 4 yrs., 4 mos.)

- Morning Only (8:15 a.m.-12:30 p.m.)
- Morning, Nap & Play (8:15 a.m.-3:00 p.m.)

Kindergarten, 5 days/week (ages 4 yrs., 4 mos. – 6 yrs., 3 mos.)

- Morning Only (8:15 a.m.-1:00 p.m.)
- Morning, Nap & Play (8:15 a.m.-3:00 p.m.)

Name of Applicant : _____ Nickname: _____

Gender: F M Date of Birth: ___/___/___ Place of Birth: _____

HOUSEHOLD #1

Parent/Guardian: Name _____ Address _____

City _____ Zip _____

In order of priority, please list best telephone numbers to reach you:

(_____) _____ Cell Home Work
(_____) _____ Cell Home Work
(_____) _____ Cell Home Work

Email _____ Occupation _____

Name and type of business _____

Parent/Guardian: Name _____ Address _____

City _____ Zip _____

In order of priority, please list best telephone numbers to reach you:

(_____) _____ Cell Home Work
(_____) _____ Cell Home Work
(_____) _____ Cell Home Work

Email _____ Occupation _____

Name and type of business _____

HOUSEHOLD #2

Parent/Guardian: Name _____ Address _____

City _____ Zip _____

In order of priority, please list best telephone numbers to reach you:

(_____) _____ Cell Home Work
(_____) _____ Cell Home Work
(_____) _____ Cell Home Work

Email _____ Occupation _____

Name and type of business _____

Parent/Guardian: Name _____ Address _____

City _____ Zip _____

In order of priority, please list best telephone numbers to reach you:

(_____) _____ Cell Home Work
(_____) _____ Cell Home Work
(_____) _____ Cell Home Work

Email _____ Occupation _____

Name and type of business _____

Applicant lives **primarily** with: Household #1 Household #2 Other _____

Please summarize child-sharing/**custody** arrangements and visitation restrictions, if any:

If applicant is **NOT** living with both parents, the primary contact info for the applicant should be that of:

Household #1 on days: _____ and Household #2 on days: _____

If applicant is **NOT** living with both parents please note the age at which child stopped living with both parents: _____ Child has never lived with both parents

Tuition to be paid by: _____

Brothers and sisters of applicant

Name: _____ DOB _____ Grade _____ School _____

Name : _____ DOB _____ Grade _____ School _____

Name: _____ DOB _____ Grade _____ School _____

Are you applying to The Waldorf School of San Diego for any of the above siblings? Yes No

If **yes**, which child(ren)?: _____

EXPERIENCE WITH OUR SCHOOL

Have you ever attended a formal tour of our school? Yes No If YES, list date: ___/___/___

Have you ever attended any of our Morning Glory Playgroups (parent-infant-tot) classes?

Yes No If YES, list date(s): _____ to _____.

Please indicate your interest in The Waldorf School of San Diego. Include materials you have read, lectures attended, and how you heard of the school.

Were you referred by someone previously, or currently at the school? If YES, please give name(s):

The Waldorf School of San Diego is an educational *community* and as such depends upon volunteer efforts. If your child were to be admitted to the school, in what ways would you be interested in participating?

How many years do you expect your child to attend The Waldorf School of San Diego? _____

EXPERIENCE WITH PREVIOUS SCHOOLS

Applicant has never attended school or playgroup previously.

Please list applicant's previous schools and your child's experience at each school. Please include a description of the school's environment and focus:

Please describe any special circumstances you feel have affected your child's previous school experience:

FAMILY HISTORY QUESTIONNAIRE

This questionnaire is simply to help us get to know you and your child. It is confidential and will not determine whether or not your child will be admitted to the school.

PARENT BACKGROUND

How do you feel about the education you received?

Parent/Guardian #1:

Parent/Guardian #2:

What is the overall view of your life since your child was born (work, moves, marriage, etc.)

Parent/Guardian #1:

Parent/Guardian #2:

Any religious affiliation or particular spiritual beliefs?

Parent/Guardian #1:

Parent/Guardian #2:

CHILD'S BIOGRAPHY

Pregnancy & Birth History

Was the pregnancy full term? Yes No If **NO**, how many weeks premature? _____

Length of labor: _____ Natural C-section

Were any medications administered to mother during birth? If **YES**, please list _____

Were there any complications during delivery? Yes No If **YES**, please explain:

Was your child breast-fed? Yes No If **YES**, for how long ? _____

Developmental milestones

At what age did your child start:

Crawling? _____ Walking? _____ Speech? _____

Health information

Please identify your child's health **history**. List all notable illnesses (include chronic conditions), accidents and injuries along with applicable diagnoses and therapies used (physical and psychological). Use an additional sheet of paper if necessary.

Please identify any **current** health situation your child is experiencing that would have impact at school and of which the teacher should be aware. List applicable diagnoses and therapies in use (physical and psychological). Use an additional sheet of paper if necessary.

Has your child been diagnosed with any developmental or learning disabilities? Yes No

If **YES**, please explain:

Has your child received, or is now receiving any special therapies or counseling? Yes No

If **YES**, please describe nature and length of of the therapy. Use additional sheet if necessary.

Is your child currently on medication of any kind? Yes No

If **YES**, please elaborate including history. Use additional sheet if necessary.

Does your child have any special needs due to a health condition? Yes No

If **YES**, please elaborate:

CHILD'S CURRENT HOME ENVIRONMENT

In order to meet the needs of your child we feel that it is beneficial for us to understand your child's home life, habits, interests and temperament.

What is the primary language spoken in your child's home? _____

How long has your child lived at your current residence? _____

How many moves/relocations has your child experienced? _____

How has your child reacted to moving? _____

Describe child's daily routine (wake up, play, school, meals, rest, bath, bedtime):

Does your child have nightmares or difficulty sleeping? Yes No

Please describe your child's eating habits/appetite/favorite foods:

Any dietary restrictions? If **YES**, please elaborate:

In what family activities does your child participate?

What toys are available to your child?

Please describe your child's interests, musical instruments played, special talents, or hobbies.

What is your child's favorite activity?

Describe your child when playing with other children:

Describe your child when confronting a new situation:

What is your child's emotional response to frustration:

How do you respond to your child's frustration?

What do you enjoy most about your child?

What do you consider his/her challenges?

What is the most important thing for us to know your child?

MEDIA AND EXTRACURRICULAR ACTIVITY

*The Waldorf School of San Diego has a policy of little or no electronic/media exposure for its students, **especially those under age 10.***

Please describe your child's habits in relation to media (TV, Nintendo, videos, movies, computer games and programs, hand held electronic games, I-pods, etc.)

Are you willing to work with your child's teacher to eliminate/reduce media exposure for your child?

Yes No If **NO**, please explain:

There is a TV/computer in my child's bedroom? Yes No

My child watches more than 1-2 hours of television per day:

Frequently Sometimes Never

I allow my child to own or rent movies or electronic games:

Frequently Sometimes Never

I allow my child to use the internet and computer:

Frequently Sometimes Never

Does your child participate in (check all that apply):

Sports Martial Arts Gymnastics Dance Music Other _____

Are you willing to adjust your child's scheduled extracurricular activities to ensure age appropriateness:

Yes No If **NO**, please explain:

At what age did your child start using the toilet by him/herself? _____

Please describe your child's bathroom habits (daytime/nighttime):

Can your child dress him/herself? Yes No

What does your child like to wear? _____

Does your child role-play? Yes No

If **YES**, please elaborate on type, theme, etc. _____

Thank you for your time. We appreciate your thoughtful responses and look forward to meeting with you. Upon receipt of this application you will be contacted to arrange a convenient interview time. Placement is based upon teacher acceptance.

We recommend that Early Childhood applicants not be told about starting school here until acceptance is complete.