



## APPLICATION FOR ENROLLMENT Early Childhood and Elementary

To assist the class teacher in coming to know your child, and as a basis for discussion at the time of your meeting, please fill out and return this form, a photo of your child, and the application fee to the Admissions Coordinator, who will schedule a time for you and your child to meet with the teacher.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Applying for:

Kindergarten      Number of Days \_\_\_\_\_

Grade      Desired date of entry \_\_\_\_\_

School currently attending \_\_\_\_\_

School address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Other children in the family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

## Student's Biography

Write a brief biography of your child focusing on the first 7 years.

At what age did your child start referring to him/herself as "I"?

Describe any early learning programs in which your child has been involved.

Describe any complications/extraordinary events during the first 3 years of the child's life.

Does your child wear glasses? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, how long has she/he been wearing them?

When do the glasses need to be worn?

## Student's Biography

Describe any hearing difficulties.

Describe any speech difficulties, for example, speaking clearly (such as R, Y, D sounds)

Describe any dental difficulties.

Describe any allergies.

Describe any injuries or surgical operations.

List any currently prescribed medications.

List any academic or social- psychological evaluations that your child has experienced.

List name, address, and phone number of resources for the above evaluations.

May we have your permission to contact the above resources? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child able to attend school without accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what accommodations would be necessary?



## Play Life

Does your child use a computer/computer games? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how often?

Does your child watch TV or videos? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when?

How often?

How long?

What kind of music do you and your child listen to at home?

Do you play radio/tapes while in the car? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you limit your child's viewing and listening time? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the physical activities your child enjoys.

What does your child do after school?

If child has siblings, describe their relationship and play.

Does your child have pets? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the relationship and play between your child and friends.

Does your child like playing alone? Yes \_\_\_\_\_ No \_\_\_\_\_

What kind of play and toys does s/he enjoy:

most?

least?

Is there a special toy or doll? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your child's outdoor play.

Is there anything you feel is pertinent to your child's biography that has not been covered above?

If you are transferring your child from another school, please explain why.

What are you hoping to find in Waldorf education for your child?

How did you learn about Pleasant Ridge Waldorf School?

Other comments:

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Parent's Signature

Date

**A nonrefundable application fee of \$50.00 is required with this application.  
Please include a photo of your child.**

*As many parents choose to pay their financial commitment over a period of 6–12 months, Pleasant Ridge is effectively extending credit to these families. The school administration reserves the right at its discretion to check a family's credit rating.*

*Pleasant Ridge Waldorf School does not discriminate on the basis of gender, ethnic origin, economic ability, or sexual orientation. All information being requested is to enable PRWS to determine whether it can appropriately serve your child's needs with or without reasonable accommodations. Thank you for your cooperation.*

