



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?

Family Life

Does your child live with parents? Yes_____ No_____

Do both parents reside in the home? Yes_____ No_____

If no, does your child have contact with both? Yes_____ No_____ If yes, how much time is spent in each household?

What other adults live in household(s)?

What are mother's special interests?

What are father's special interests?

What time does your child awaken in a.m. on weekdays? Weekends?

How does your child awaken (dreamy, crabby, cheery, etc...?)

What does your child eat for breakfast?

Does your child and/or other family members follow a special diet?

What foods does your child like most?

What meals does your child have with the entire family?

Describe regular chores your child may have.

Describe your child's temperament.

Describe what you do when your child does not meet your standards of behavior.

What time does your child go to sleep on weekdays? Weekends?

Describe the bedtime ritual.

Does your child fall asleep easily? Yes_____ No_____ Does your child sleep through the night? Yes_____ No_____

Describe how your family spends time together.

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:

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.

