



PLEASANT RIDGE
WALDORF SCHOOL

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 Enrollment and Admissions Coordinator, who will schedule a time for you and your child to visit the class and meet with the teacher.

Child's Name _____

Birth Date _____ Gender _____

Applying for:

Mixed-Age Kindergarten (ages 3-6)

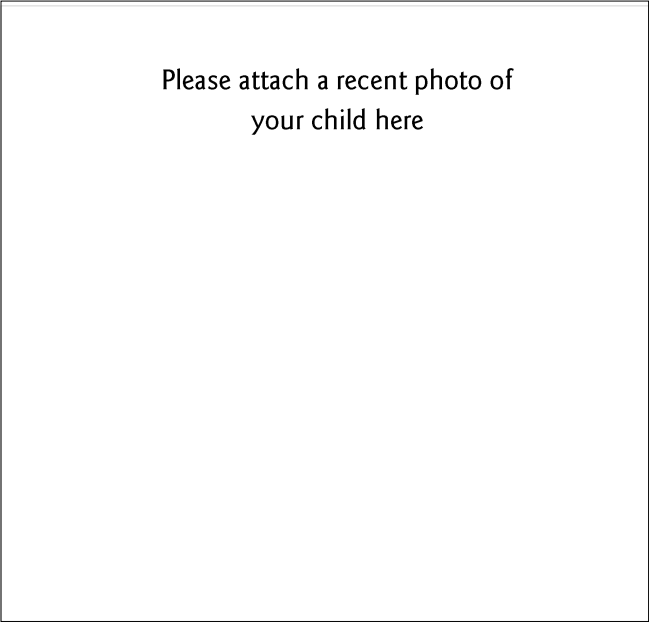
Grade _____

Desired date of entry _____

Current School _____

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 _____

Child's Biography

Write a brief biography of your child focusing highlights of 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?

Child's Biography (continued)

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

May we have permission to contact the above resources? Yes _____ No _____

List any current academic support services in which your child participates and include the name, address and phone number of the resources for the academic support services. Please attach copies of any plans (such as an IEP) which are currently in place.

May we have 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 his/her parents? Yes _____ No _____

Do both parents reside in the home? Yes _____ No _____

If no, does your child have contact with both? Yes _____ No _____

If there are two households, how much time is spent in each household?

Who is (are) the custodial parent(s)? _____

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 the 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? Yes _____ No _____

What are your child's favorite foods? _____

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 your child's 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 media 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 his/her friends.

Does your child like playing alone? Yes_____ No_____

What kind of play and toys does s/he enjoy the most?

What kind of play and toys does s/he enjoy the 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.

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. 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.

Pleasant Ridge Waldorf School does not discriminate on the basis of gender, ethnic origin, economic ability, or sexual orientation



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