

Application for Enrollment | Early Childhood

To assist the teachers in coming to know your child, and as a basis for discussion at the time of your parent-teacher meeting, please fill out and return this form, along with the application fee, to the Enrollment & Outreach Coordinator, who will schedule a time for you and your child to visit the class and meet with the teacher.

Student's name		Birth		Pronouns used	
Please select your preference for	or our mixed-age (3 ½ -	6) kindergarte	en:		
5 full days (M-F) 8:00 a.n	n 3:15 p.m. (Students wl	ho are 5 by Sep	tember 1st n	uust enroll full five days)	
5 half days (M-F) 8:00 a.r	n 12:45 p.m. (3 & 4 year	olds only)			
3 full days (M-W) 8:00 a.	m 3:15 p.m. (3 & 4 year	olds only)			
3 half days (M-W) 8:00 a	m12:45 p.m. (3 & 4 year	r olds only)			
Desired date of entry		Current s	chool		
School address		State	Zip	Phone	
make a recommendation for advar Parent/Guardian		Pare	nt/Guardia	n	
Pronouns used					
			Address		
City, State, Zip					
Occupation		Оссі	pation		
Employer		Emp	Employer		
Phone		Phor	Phone		
Email		Ema	Email		
Other children in the family:					
Name	Age	Birthdat	e	School	
Name	Age	Birthdat	e	School	
Name	Age	Birthdat	e	School	
Name	Age	Birthdat	e	School	

What is drawing you to Waldorf education?					
Do you have any questions about Waldorf education or philosophy?					
Getting to Know Your Child					
The following questions are optional, but we encourage you to answer them. They are designed to bring parents and teachers together in forming the broadest possible picture of your child. Your answers will not impact your chance of admission and will be kept confidential within the faculty.					
Write a <u>brief</u> biography of your child.					
At what age did your child start referring to himself/herself/themself as "I"?					
Why do we ask this question? When a child refers to themselves as "I", they are demonstrating one of the beginning stages of human development whereby the child perceives themselves as an individual. Waldorf EC educators see this developmental milestone as one where the child is showing readiness to be in a larger social group outside of the family.					
Describe any early learning programs in which your child has been involved.					
Describe any complications/extraordinary events in your child's life.					
Has your child had difficulties with vision, hearing, or walking?					

What is your child's primary language?	Other languages spoken?
What language(s) does the parent(s)/guardian(s) speaks	?
Describe your child's general health (allergies, physical f	itness, nutrition, surgeries, medications, major injuries, etc.).
Describe any speech difficulties, for example, speaking of impacted speech development?	clearly (such as R, Y, D sounds). Are there dental complications which have
Does your child nap during the day? Yes No	If yes, at what time and for how long?
	Does your child sleep through the night? Yes No
	lo If so, how often?
Does your child wear pull-ups or other absorbent under	wear at night? Yes No
Is your child able to use the bathroom independently w	ithout frequent accidents during their wakeful hours? Yes No
Can your child wipe themselves? Yes No	
Is your child weaned from nursing or a bottle? Yes	No
Does your child use a pacifier? Yes No	
Who does your child live with?	
Who is (are) the custodial parent(s)?	
	that would be helpful for us to know about to better serve your child?
Describe your family's relationship with electronic medi	a such as television, movies, computers, video games, tablets, audiobooks,
phones, etc.	
Waldorf education adheres to a story-driven educational	al approach, and electronic media often interferes with this. PRWS asks
families to support the school's media guidelines and ab	stain from screens (movies, television, tablets, phones, video games, hrough Friday morning). If age-appropriate alternatives were suggested,

Describe your child's rhythms and routines (chores, meals, bedtime, etc.).					
Describe your child in terms of her/his/their interests, temperament/personality, hobbies, likes, dislikes, etc					
What do you see as your child's strengths?					
What traits would you especially like to see strengthened?					
Describe what you do when your child does not meet your standards of behavior					
Describe how your family spends time together					
Describe your child's play, both alone and with others					
Is there a special toy or doll? Yes No					
Does your child/family have pets? Yes No					
Special Considerations					
Please fill in as much of the information below as possible. All information being requested is to enable PRWS to determine whether it car appropriately serve your child's needs with or without reasonable accommodations. Print N/A where not applicable.					
List any physical, academic or social-psychological evaluations (including an Individual Education Plan or "IEP") that your child has had 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.					

Parent/Guardian Signature	Date
How did you learn about Pleasant Ridge Waldorf School?	
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/group care setting, please explain why	
If not, what accommodations would be necessary?	
Is your child able to attend school without accommodations? Yes No	
May we have permission to contact the above resources? Yes No	

A nonrefundable application fee of \$50.00 is required with this application.

No student will be denied admission to, or be discriminated against, in any PRWS program, operation or activity on the basis of race, color, creed, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, disability, or any other category protected by law, including physical condition or disability.



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