

Kinderhof Waldorf School
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www.kinderhofwaldorfschool.com

Pre-Kindergarten / Kindergarten Application

Family Information

Child

Child's Full Name: _____ Female Male

Age: _____ Date of Birth: _____

Address: _____

Describe child's play group experiences (daycare, play groups, etc., what, where and how long?):

Please list most recent preschool, telephone number and name of teacher(s):

Parents

Name: _____ Name: _____

Address: _____ Address: _____

Phone: (hm) _____ cell _____ Phone: (hm) _____ cell _____

(wk) _____ Working Hours _____ (wk) _____ Working Hours _____

Employer: _____ Employer: _____

Occupation/Title: _____ Occupation/Title: _____

Email: _____ Email: _____

Interests, hobbies, talents: _____ Interests, hobbies, talents: _____

Grandparents

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

With whom does the child live? Please describe the child's daily living arrangement. (Continue on back.)

Brothers and Sisters (names, ages, grade in school, name of school(s):

Describe the child's relationship with siblings: _____

Child's History and Health (Continue on back if necessary)

Briefly describe pregnancy and birth: _____

_____ Birth Weight: _____

Difficulties related to birth: _____

Breast fed? _____ Age weaned? _____ Age toilet trained? _____ Does child wet bed? _____

Age began (Unattended): Crawling? _____ Sitting? _____ Walking: _____ Speaking: _____

Sleep patterns: (Nap times. How often does your child awaken at night?) _____

Child's Bedtime? _____ Time Child Awakens? _____

Does your child sleep alone in his/her own bed? _____

Describe how child awakens (dreamy, cheery, crabby, etc.): _____

Describe child's physical characteristics and disposition: List activities your child likes to engage in:

Child's present physical health: _____

Child's present emotional health: _____

Has your child been vaccinated? _____

Results and approximate dates of:

Medical check-up: _____ Dental check-up: _____

Hearing check-up: _____ Vision check-up: _____

Describe any physical conditions we may need to be aware of (vision, hearing, speech, movement, etc.):

Does your child jump rope? _____ Ride a bicycle? _____ Swim? _____ Surf? _____

List any food, drug, or environmental allergies: _____

Current medications /supplements and treatments for above: _____

Home and Family Rhythm

Describe any habits (pacifier, thumb sucking, nail biting, hair twisting, etc.): _____

Describe any special needs or fears: _____

Favorite foods: _____

Least favorite foods: _____

Child's special interests or talents: _____

How does child interact with other children? _____

Describe typical play activities: _____

Do you have a family pet(s)? _____ Describe daily chores: _____

Average daily hours of TV: _____ VCR: _____ Video Games: _____ Radio: _____ Computer: _____

Hours per weekend of TV: _____ VCR: _____ Video Games: _____ Radio: _____ Computer: _____

What festivals are celebrated by your family? List all. _____

How did you hear about KINDERHOF WALDORF SCHOOL? _____

What are you hoping to find in this education for your child and your family? _____

Please use this space to include any further information you would like to share with us about your child:

Signature of Parent: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____

Kinderhof Waldorf School does not discriminate on the basis of race, sex, religion, or national origin, in admission policy, or in the conduct of the educational programs.

Office Use: Pre-K / K

Date Received: _____
