



Application for Early Childhood Enrollment

Date of Application: _____

Applicant Information: _____
(First) (Middle) (Last) (Nickname)

Date of Birth: _____ Gender: M F

Desired Entry Date: _____ Applicant's Current Age: _____

Please select the program you would like to apply for:

Three Day Five Day Half day Full day

Have you applied to The Waldorf School of Philadelphia in the past? Yes No If so, when? _____

Present school or day-care: _____

Mailing address: _____

Classroom teacher or Director: _____

Attended since: _____ Phone Number: _____

Family Information

Parent/Guardian1 _____
(first and last names)

Parent/Guardian2 _____
(first and last names)

Address _____

Address _____
(if different)

Home Phone: _____

Home Phone: _____

Cell or Daytime Phone: _____

Cell or Daytime Phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Applicant's brothers and sisters (names, ages, schools attending), if applicable.

Complete this section if applicant is NOT living with both parents/guardians in one household. Check all that apply.

Single Parent Mother deceased Father deceased Parents separated or divorced

Does applicant spend time in both homes? Yes No

Please briefly describe living arrangements (only or primarily with one parent/ divides time between both parents/other)

Child care situations: Parents only Part-time caretaker Full-time caretaker

How many hours with caretaker? _____

Does your child have an extended family? Yes No If yes, please describe the relationship. _____

HOME AND FAMILY RHYTHMS

Languages spoken at home: _____

What time does your child awaken on weekday mornings/weekend mornings? _____

Does your child nap during the day? Yes No How long? _____

What time does your child go to bed on weekdays/weekends? _____

Is your child sleeping in his/her own crib or bed? Yes No At what age did this start? _____

What is your bedtime ritual? _____

Does your child fall asleep easily? Yes No Does he/she sleep through the night? Yes No

Does your child eat breakfast? Yes No What does your child eat (*Describe eating habits*)? _____

Does your child follow any special diet? _____

Does your child have regular chores? If so, what are they? _____

How would you describe your child's personality? _____

How do you discipline your child? _____

How does your child react when frustrated or upset? _____

What does your child do when displeased with another child? _____

How does your child transition away from you? _____

PLAY

What activities does your family do together that your child enjoys? _____

Does your child swim or take part in other physical activities, organized sports, lesson or classes? Yes No

If yes, please describe: _____

What kind of play does your child enjoy most and least? _____

Does your child use a computer or play computer games? _____ How often? _____

Does your child watch TV or videos? _____ Which programs? _____

How often? _____ How long? _____ When? _____

Would you be willing to limit screen time? Yes No

What aspect(s) of Waldorf education are most important to you and how do you think they can benefit your child?

How did you learn about Waldorf education and The Waldorf School of Philadelphia? _____

HEALTH INFORMATION

Please tell us about your child's birth. Were there any complications during pregnancy? _____

If adopted, at what age and under what circumstances? _____

How was your child fed during the first year of life? If breastfed, how long? _____

Is your child toilet-trained? Yes No At what age? _____

At what age did your child crawl? _____ Walk? _____ Speak? _____ Use sentences? _____

Does your child suck thumb or fingers? Any other habits? (nail biting, hair twisting, etc.) _____

Were there any complications or extraordinary events in the first three years of your child's life? Yes No

Please explain: _____

Illnesses (include measles, mumps, chicken pox, etc.): _____

Allergies: _____

Current medications: _____

Injuries sustained: _____

Has a psychological or academic evaluation ever been recommended or done for this child? Yes No

If yes, please explain: _____

If testing was done, please include a copy of all results from those evaluations with this application.

Are there any physical or emotional factors that the school should know about? If so, explain: _____

Has your child had a speech, occupational therapy, psychological or psychiatric evaluation, or testing for admission purposes? Yes No If so, when and by whom? (Please indicate the address or person or organization that gave the evaluation.) _____

Are you applying to other schools? Yes No

If so, which schools are you seriously considering? _____

Is your family associated with a Waldorf School? If so, which one? _____

References

If your child is currently attending another school please complete and return the Pre-K Recommendation Form which can be found on our website.

Financial Aid and Tuition

A limited amount of tuition assistance is available to children in the Early Childhood Program who will be 5 years old by June 1st and to all children in the grades. Do you anticipate requiring financial aid? Yes No

Who will be responsible for paying tuition? _____

I/we have enclosed the non-refundable application fee of \$50.00.

I/we give permission to The Waldorf School of Philadelphia to contact or visit the applicant's present school if additional information is required.

Signature _____

Date: _____

Print Name

Signature _____

Date: _____

Print Name

Return completed application and \$50.00 fee to the Director of Admissions at
The Waldorf School of Philadelphia, 7500 Germantown Avenue, Eagles II Building, Philadelphia, PA 19119