

UNDER the WILLOW SCHOOL

ADMISSIONS APPLICATION

STUDENT INFORMATION (All fields must be completed)

Student's Name _____
first middle initial last date of birth

Address _____
street city state zip

Male Female

In what school district do you reside? _____

PARENT INFORMATION (All fields must be completed)

Parent/Guradian's Name _____
first middle initial last date of birth

Address (if different than student's) _____
street city state zip

email address _____

Parent's Employer _____ work hours/days _____

Work Address _____
street city state zip

Parent's Employer _____ work hours/days _____

Work Address _____
street city state zip

Please list all siblings of Student:

Name birth date grade/school

Name birth date grade/school

Name birth date grade/school

List of Grandparents and/or Loved Ones for our mailing list: (Optional)

Name address phone number

Name address phone number

How did you learn about Under the Willow Preschool? _____

Form must be signed by a parent or legal guardian

Parent / Guardian Signature

Date

Final acceptance is based upon personal interview by faculty and the availability of space Applicants are considered for admission without regard for race, religion, ethnic origin or sex.

CHILD'S HISTORY

Describe your pregnancy? _____

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

Parents' age at childbirth _____ Parent 1 _____ Parent 2

Birth Weight _____ Breast fed-how long? _____

Age that child crawled? _____ walked _____ spoke _____

Age that child cut first tooth _____ Age that child was toilet trained _____

Are there any letters or sounds child does not speak clearly, such as R, L, Y, D..? _____

Describe any influential events in child's life so far: _____

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

Vulnerable areas in child's health: _____lungs _____stomach _____ears _____nose _____throat
constipation _____diarrhea Please explain: _____

Is your child currently under the care of a health practitioner for any condition? If so, please explain:

Does your child have any difficulty seeing, hearing, speaking, walking? Other?

HOME AND FAMILY RHYTHMS

Please describe your child's daily schedule _____

Present regular bedtime _____ PM Present arising time _____ AM Nap? _____

Does your child... Awake on his/her own? _____ Have to be awakened? _____

Does he or she sleep through the night? (nightmares) _____

Describe eating habits and diet: _____

Favorite Foods _____

How would you describe your child? _____

Language spoken at home _____ Language child speaks _____

Do both parents reside in the home? _____ If not, does the child have contact with both? _____

Describe arrangements _____

What do you consider to be your child's strongest aptitudes and traits of character? _____

What traits, if any, do you wish to see strengthened? _____

As a teacher, one wants to be sensitive to a child's religious background. How does religion or spirituality play a role your family life (optional)? _____

Festivals/holidays your family celebrates _____

PLAY

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

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

If any, approximately daily times with TV/computer? _____

What are your views on television, video viewing and computer use for your child? _____

Relationship(s) to sibling(s) _____

What is child's outdoor play environment? _____

Do you wish to tell us anything else about your child? _____

EXPECTATIONS

Are you applying to other independent school? _____

Why have you chosen to apply to the Under the Willow Preschool? _____

What are your expectations for your child's education? _____

What is your background of Waldorf education? _____

What do you think is the most important aspect of Waldorf education, and how do you think it can help your child?
