

Early Childhood Application

Today's Date _____

School Year Applying for _____ Grade Applying for _____

Full Name of Child _____ **Gender** _____

Birth date _____ **Current Grade** _____

Parent/Guardian Name _____ **Home Phone** _____

Address _____
Street City St Zip Code

Occupation _____ Cell Phone _____

E-mail _____

Skills & Interests _____

Parent/Guardian Name _____ **Home Phone** _____

Address _____
Street City St Zip Code

Occupation _____ Cell Phone _____

E-mail _____

Skills & Interests _____

Parent/Guardian Relationship Status: _____

Schools your child has attended (with the dates): 1) _____

2) _____ 3) _____

How did you hear about Summerfield? _____

Have you read any books on Waldorf Education? If so, please list (also lectures, workshops, fairs).

Why do you choose to send your child to our Waldorf school? _____

Early History

Please describe your child's earliest, years beginning with pregnancy and birth. It is helpful for us to learn about your child's movement and speech development, as well.

History of Health

Please briefly describe your child's health history. Please include any childhood illnesses, ear infections, high fevers, injuries or other health issues.

Present Health Situation

Does your child have any allergies? _____

Is your child taking any medications? If so, why? _____

Is your child toilet-trained? _____

Does your child sleep through the night? _____

Are you aware of any learning difficulties? _____

Is there anything that might require special attention at school? If so, please explain. _____

Family Life

Is your child living with both parents? _____

If no, please explain family situation _____

Was your child adopted? _____ If so, at what age? _____

What is the primary language(s) spoken in the home? _____

How long have you lived in the area? _____

Please list other children in the family:

Name	Age	Gender	School/Teacher
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Please describe the community of family members and/or friends who are in your child's life. _____

Please describe your child's normal daily routine including meal times. _____

When does your child typically go to bed? _____

When does your child typically wake up? _____

Does your child take naps? _____

Does your child watch DVDs, videos, television or spend any time in front of a computer in your home? If so, how much time?

Is your child exposed to media screens outside of the home? Please describe. _____

Please describe how your child interacts with other children. _____

What are your child's favorite play activities when alone? With others? _____

Is your child involved in any formal activities outside of the home (e.g. lessons, classes, sports, etc.)? _____

Does your child dress her/himself? _____

Would you be interested in after-school care for your child? _____

Is there anything else you would like us to know about your child? _____

In a paragraph, please describe your child, including interests, tendencies and characteristics (Use back of application if necessary).

Your signature gives SWSF permission to contact your child's current teacher:

Signature: _____ Printed Name: _____

Current Teacher's Name

Teacher's Phone Number

Please attach a photograph and return with \$95 Application Fee to the Admissions Office.

For Office Use: Date Received _____ Amount \$ _____ Cash or Check # _____ Received by _____