

Summerfield Waldorf School & Farm

Preschool through 8th Grade Application Questions

Today's Date _____
Month/Day/Year

Application for _____
Month Year

Full name of child _____ Gender _____

Birth date _____ Current Grade _____

Parent Name _____ Home Phone _____

Have you attended any events at Summerfield Waldorf School or other Waldorf schools? Please list. (Include lectures, workshops, and fairs.)

Have you read any books on Waldorf Education? Please list.

How have you heard about our school? _____

Do you know parents in our school? If so, whom? _____

Why do you choose to send your child to our Waldorf School? Curriculum _____ Arts _____

Farm _____ Spiritual Philosophy _____ Other _____ Please explain: _____

Schools your child has attended with the dates: _____

Sports programs and private lessons: _____

Musical instrument your child plays: _____

Foreign language your child is learning: _____

Early History

How was the pregnancy and birth; any special conditions or health problems? _____

Was child under-active, normally active or overactive as an infant? _____

Was child a sound sleeper? _____ Was child breastfed? _____ How long? _____

When did the first teeth come in? _____ When did the child crawl? _____

When did the child start walking? _____ Talking? _____ Toilet trained? _____

Preschool through 8th Grade Application Questions

Were there any problems with eyes / ears / feet / etc.? _____

Speech? _____ Skin? _____ Coordination? _____

Other problems i.e. illness, operations, trauma? _____

History of Health

Please list the illnesses your child has had and at what age: _____

Diphtheria _____ German Measles _____ Chicken Pox _____ Whooping Cough _____

Mumps _____ Scarlet Fever _____ Measles _____ Ear Infections _____ Other _____

Has your child had any serious injuries /accidents or surgery? If so, give date and describe briefly: _____

Present Health Situation

Allergies? _____

Does child contract colds easily? _____ Ear Infections? _____ Respiratory weakness? _____

Does child vomit easily? _____ Nosebleeds? _____ Frequent Headaches? _____ High Fevers? _____

Is child on medication? _____

Does child wear glasses? _____ For what condition? _____

Does child wear a hearing aid or other medical device? _____

Is child left or right-handed? _____ Is there left-handedness in the immediate family? _____

Strong food preferences or dislikes? _____

Has child undergone psychological testing or treatment? _____

Are there any physical characteristics that might require special attention? If so, please explain: _____

Can the child take part in a normal physical education program? _____

Anything unusual in the child's development? _____

Family Life

Is your child living with both parents? _____

If no, please explain family situation _____

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

How long have you lived in the area? _____

Preschool through 8th Grade Application Questions

Bedtime? Weekdays _____ Weekends _____

Time child awakes? Weekdays _____ Weekends _____

How many hours per week does your child spend watching television? _____

Are you aware of any learning difficulties? Please describe. _____

Describe how your child is socially with peers. _____

In a paragraph, please describe your child including interests, tendencies and characteristics.

Please attach a photograph and return with \$75 Application Fee to the Admissions Office.

For Office Use:

Date Received _____ Amount \$ _____ Cash or Check # _____ Received by _____