

# Davis Waldorf School

3100 Sycamore Lane • Davis, CA 95616 • (530) 753-1651

## APPLICATION FOR INTERVIEW FOR PRESCHOOL FOR SCHOOL YEAR 2011-12

Children born between 6/1/07 - 5/31/09

Child's Full Name: \_\_\_\_\_

Name or nickname child prefers: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about the Davis Waldorf School: \_\_\_\_\_

Are you a current parent at Davis Waldorf? \_\_\_\_\_ Have you been on a tour of the school? \_\_\_\_\_

Days of the week to attend *as space allows*: \_\_\_\_\_ 5 days \_\_\_\_\_ 3 days M, T, W \_\_\_\_\_ 2 days M, T  
T \_\_\_\_\_ 3 days W, Th, F \_\_\_\_\_ 2 days Th, F

**Please attach a recent photo of your child to this application.**

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### MOST RECENT SCHOOL/CHILDCARE PROGRAM

Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

School phone number or teacher contact number: \_\_\_\_\_

*I give permission to the Davis Waldorf School to speak with my child's previous teacher*

Signed: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

## **FAMILY LIFE**

1. Does your child live with both parents? If no, please describe:
2. Does your child have other siblings? If yes, please give names and dates of birth.
3. Please describe your child's relationship with his/her siblings:
4. Generally, what is your child's daily routine around wake up time, meals, bedtime, etc? How much sleep does your child get each day?

## **PHYSICAL DEVELOPMENT**

1. Please describe your pregnancy and your child's birth.
2. At what age did your child first crawl, walk, talk?
3. Did you nurse your child? How long?
4. Has your child had a physical exam within the last year?  
Were there any concerns the teacher should be aware of?  
What illnesses has your child had?  
Has your child had any memorable falls?
5. Has your child's eyesight and hearing been tested? If so, please give the date of the exam?
6. Is your child right or left handed?
7. Does your child have any environmental allergies? If so, what type?
8. Does your child have any allergies to medication or food that I should be aware of? If yes, please list all.

9. Is your child on any continuing medication? If so, please list the name and purpose of the medication:
10. Does your child contract colds easily?
11. Does your child have nosebleeds often?
12. Does your child get headaches?
13. Does your child run fevers when ill?
14. Does your child have respiratory weakness?
15. What immunizations has your child had?
16. Has your child gone to the dentist? If so, please give the date of the visit and list any dental problems:
17. Please list any strong preferences or dislikes your child has in food:
18. Can your child take part in routine physical activities?
19. Overall, would you consider the health of your child as excellent, very good, fair or poor? Please explain:
20. Does your child watch television, videos, movies or computers? If yes, how much per day?  
Per week?

## **EMOTIONAL DEVELOPMENT**

1. Is there anything concerning your child's emotional development that you feel would be helpful for the teacher to know?
2. Please describe your child's social interactions with his/her peers.
3. Does your child have any habits unique to them?

## WALDORF EDUCATION QUESTIONS

1. Please give your reasons for applying to the Davis Waldorf School. What are your hopes and expectations for your child's educational experience?
2. How did you hear about the Davis Waldorf School?
3. What is it specifically about Waldorf education that you value most?
4. Do you have any concerns about the Waldorf methodology?

## STATEMENT

Please take this opportunity to write any observations, concerns, or insights you would like to share?  
Please include your child's interests, talents and temperament.

Please list who will sign the enrollment agreement and be responsible for payment of tuition and other school costs:

Name(s):

*I/We understand that all financial arrangements for tuition payments will be made through the administrative office, and that the \$50.00 application fee is non-refundable.*

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

"The Davis Waldorf School admits students, welcomes families and does not discriminate on the basis of any race, color, religion, familial status, sexual orientation, physical or mental disability, pregnancy, national origin, ancestry, and gender identity to all the rights, privileges, programs and activities generally accorded or made available to students and their families in the school.