

Davis Waldorf School

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

APPLICATION FOR INTERVIEW FOR PRESCHOOL FOR SCHOOL YEAR 2012-13

Children born between 6/1/08 - 5/31/10

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
_____ 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: _____

Relationship to Applicant: _____

Relationship to Applicant: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email Address: _____

Email Address: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

MOST RECENT 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: _____

HEALTH INFORMATION

1. Can your child participate in all routine physical activities? Yes / No If no, please describe any physical challenges:

2. Please describe your child's overall health (including if there are frequent: colds, headaches, nosebleeds, fevers, respiratory illnesses, etc.): _____

3. Please list any food, drug, or environmental allergies: _____

4. Please list any current medications, supplements, and/or treatments, and why prescribed: _____

5. Please describe any medical conditions or physical issues your child has (e.g. vision, hearing, speech, movement, sensory integration, etc.) _____

6. Please describe any serious falls or injuries: _____

7. Please list the approximate date of your child's most recent:

Medical check-up: _____

Dental check-up: _____

Immunizations: _____

When did child lose first their tooth? _____

Vision check-up: _____

Hearing check-up: _____

Does child require eyeglasses? Yes / No

Does child require hearing aid? Yes / No

8. Is your child right or left-handed? _____

9. Has your child had educational testing, evaluation, or assessment, or has it ever been recommended?

Yes / No

If yes, please include a copy of the report or reason why it was not completed.

SOCIAL HISTORY

1. Please describe your child's general disposition or temperament, including observations, insights, or concerns:

2. Please list all previous school(s), preschools, or childcare centers your child has attended: _____

3. Describe child's play group experiences (daycare, play groups, etc., what, where and how long), including strengths and challenges: _____

4. Please describe any learning or behavioral challenges that you or others may have observed:

5. Please describe your child's social interaction with his/her peers: _____

6. Please describe your child's interests and activities outside school (classes, hobbies, sports, entertainment, etc.):

FAMILY LIFE AND EMOTIONAL DEVELOPMENT

1. With whom does the student live? Please describe your child's living arrangement:

2. Please describe your child's daily routine, including times, for meals and bedtime:

3. Describe any emotional challenges that you or others may have observed:

4. Does your child still nap, and if not, when did he/she stop napping? _____

5. Our aftercare program includes a rest time. Do you anticipate needing after-school care? _____

6. Please list sisters and brothers (name, age, grade in school, name of school):

7. Please describe your child's relationship with his/her sibling(s):

8. Please describe how you discipline your child at home. _____

9. Has your child suffered any emotional or social trauma, i.e., divorce or death in the family? If so, please describe.

10. Does your child watch television, movies, videos or play computer/video games? If so, how many hours per day?

Per week? _____

DEVELOPMENTAL HISTORY

We, at the Davis Waldorf School, take very seriously our role in contributing to your child's growth. The following information, though it may be very sensitive, is crucial in giving us the understanding we need to better serve your child and your family. We appreciate that it may take extra time to research your records to provide this information. We would use the information provided to help with your child's further development.

Child's full name: _____

Meaning of child's name? _____

Birth date: _____

Describe the pregnancy: _____

Describe the labor and birth: _____

Did your child creep (strenuous attempt at crawling), and if so, beginning when and for how long? _____

Did your child crawl, and if so, beginning when and for how long? _____

Did your child use a walker, swing or other baby equipment? _____

When did your child first walk? _____

Talking: First Words _____ First Phrases _____ First Sentences _____

Nursed, bottle fed, or both and for how long? _____

Describe weaning process: _____

Describe toilet training: _____

Does your child have a dry bed? _____

Please describe your child's sleeping and waking behavior (e.g. how easily they fall asleep, how well they sleep through the night and how quickly they wake up):

What are your child's food preferences? _____

APPLICATION PROCESS

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 long do you plan on having your child attend Davis Waldorf School?

Through Pre-K K 1 2 3 4 5 6 7 8 (please circle)

3. What is your familiarity with Waldorf education? _____

4. How did you hear about the Davis Waldorf School? _____

5. What is it about Waldorf education and curriculum that you value most? _____

6. Do you have any concerns about the Waldorf methodology? _____

7. Please list any questions you may have for the teacher: _____

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

Name: _____ Phone #: _____

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.