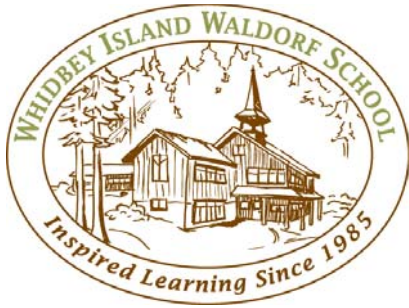


WHIDBEY ISLAND WALDORF SCHOOL



APPLICATION FOR ADMISSION

~Early Childhood Programs~



Whidbey Island Waldorf School

P.O. Box 469, Clinton, WA 98236
Phone: 360.341.5686
Fax: 360.341.5689
enrollment@whidbey.com
www.wiws.org

Please Attach
A
Recent
Photo

EARLY CHILDHOOD
APPLICATION FOR ADMISSION

FOR THE SCHOOL YEAR
2011-2012

Student Applicant

APPLICANT'S NAME _____

TODAY'S DATE _____

DATE OF BIRTH _____

GENDER MALE FEMALE

Applying For:

- 2-Day Nursery (age 2.5 – 4.5)
- 3-Day Nursery (age 2.5 – 4.5)
- 4-Day Nursery (age 2.5 – 4.5)

- 4-Day Nursery/ Kindergarten (age 3.5 – 6)
- 5-Day Nursery/ Kindergarten (age 3.5 – 6)

Ethnicity for US Census Bureau Annual Report (optional)

Black Asian American Indian Hispanic White Other _____

Parent or Guardian One

Parent or Guardian Two

LAST NAME _____

LAST NAME _____

FIRST NAME _____ Male Female

FIRST NAME _____ Male Female

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

HOME PHONE _____

WORK PHONE _____

WORK PHONE _____

CELL PHONE _____

CELL PHONE _____

EMAIL _____

EMAIL _____

EMPLOYER _____

EMPLOYER _____

POSITION _____

POSITION _____

Child lives with: Both Parents Mother Father Other _____

Does the adult this child lives with have legal custody? Yes No

Correspondence and School Directory should include Mother Father Both

Please indicate the best way to reach you (select all that apply)

Home Phone Cell Phone Work Phone Email Other _____

CHILD HISTORY and PARENT QUESTIONNAIRE

What is your relationship to the child (Birth Parent, Adoptive Parent, Grandparent, etc...) _____

Based on the above, please respond to the following questions as you are able or feel appropriate:

How was pregnancy? _____

Delivery: _____ Early _____ Normal _____ Hospital _____ Home _____ C-Section _____ Birthing Center

_____ Medication: _____

How was birth? _____ How long? _____

_____ Jaundice? _____

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

Approximate weight at birth _____ Describe early feeding, age 1 – 12 months _____

If breastfed, for how long? _____

Age of teething _____ crawling _____ walking _____ talking _____

When was the child toilet trained? _____

Does child wet bed? _____ If yes, under what circumstances? _____

Does your child have any self-soothing behaviors? (Nail-biting, thumb-sucking, hair-twisting, etc.) _____

Are there any letters or sounds the child does not speak clearly (such as R, Y, D)? _____

Were there any complications or extraordinary events in the first three years of the child's life? Please explain. _____

Were there any complications or extraordinary events after the first three years of the child's life? Please explain. _____

Describe any learning programs, schools, or playgroups in which the child has been involved _____

Illnesses

- | | | | |
|---------------------------------------|-----------|--|-----------|
| <input type="checkbox"/> Meningitis | Age _____ | <input type="checkbox"/> Drug-intoxication/poisoning | Age _____ |
| <input type="checkbox"/> Encephalitis | Age _____ | <input type="checkbox"/> Respiratory Distress | Age _____ |
| <input type="checkbox"/> Chickenpox | Age _____ | <input type="checkbox"/> Lead poisoning | Age _____ |
| <input type="checkbox"/> Mumps | Age _____ | <input type="checkbox"/> Rubella | Age _____ |
| <input type="checkbox"/> Measles | Age _____ | <input type="checkbox"/> Scarlet Fever | Age _____ |
| <input type="checkbox"/> High fevers | Age _____ | <input type="checkbox"/> Whooping Cough/Pertussis | Age _____ |

Does your child receive at this time, or any time previously, professional services from traditional, chiropractic, or alternative practitioners beyond regular medical check-ups? If so, please describe (use separate page if necessary)

Allergies (drug, food, environmental) _____

Medications currently in use _____

Has your child had immunizations? _____

Does child require use of an Epi-pen? ____yes ____no

Injuries sustained (falls, stitches, broken bones) or hospital experiences _____

Vulnerable areas in child's health: ____lungs ____stomach ____ears ____nose ____throat
____constipation ____diarrhea ____digestion ____Other? Please explain _____

HOME AND FAMILY RHYTHMS

What time does child awaken on weekday/weekend mornings? _____

How does child awaken (dreamy, cheerful, crabby, etc.)? _____

Does child nap during the day? _____

Does child eat breakfast? _____ What does he/she eat? _____

Describe eating habits _____

Do you or your child follow any special diet? _____

Which foods does your child like most? _____ Least? _____

What meals does the child have with the entire family? _____

What time are meals? _____

Does the child have regular chores? If so, what are they? _____

How do you discipline your child (give examples)? _____

How would you describe child's temperament? Describe your child briefly. _____

What time does child go to bed on weekdays? _____ Weekends? _____

What, if any, are the bedtime rituals? _____

How does your child fall asleep? _____

Does he/she sleep through the night? _____

Any history of recurring dreams or nightmares? _____

What are the family's weekend activities? _____

Do you consider rhythm important in your child's life? If so, what do you do to provide it? _____

What language is spoken at home? _____ What languages does the child speak? _____

Mother? _____ Father? _____

Describe any home life or attitudes that you consider to be unique or different in your home _____

Child care situation: _____ Parents only _____ Part-time caretaker _____ Full-time caretaker. How many hours? _____

Does the child have extended family? _____

If so, describe relationship _____

PLAY

What family activities does your child enjoy? _____

Does child swim or take part in other physical activities, organized sports, lessons, classes? _____

Does child have any special interests? _____

Does child use computer or play computer games? _____ How often? _____

Does child watch TV or videos? _____ Which programs? _____

How often? _____ How long? _____ When? _____

What kind of music do you and your children listen to at home? _____

Do you play radio and tapes in the car? _____

Are you willing to limit your viewing and listening time? _____

Describe the relationship and play of child with brothers and sisters _____

Does child have any pets? _____

Does child have neighborhood friends? _____ What are their ages? _____

Describe their relationship and play _____

Does child have any imaginary playmates? _____

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

Least? _____

Is there a special toy, doll or blanket? _____

What is child's outdoor play environment? _____

****Is there anything you feel is pertinent to your child's biography that has not been covered above (e.g. special abilities, physical characteristics, behavioral, medical or emotional problems to overcome, academic strengths and weaknesses)? If child is transferring from another school, please include your reasons for doing so. Please use the bottom of this sheet for your comments.***

****Please use the space below or the back of this application to write about:***

a) why you have chosen Waldorf education for your child;

b) why you have chosen the Whidbey Island Waldorf School in particular;

c) your familiarity and willingness to learn about Waldorf Education;

d) your family - please introduce yourself to us, what gifts do you bring to this community and what do you hope to receive.

Previous Schools Attended

_____ Grades _____

_____ Grades _____

_____ Grades _____

Siblings

Name	Gender	Date of Birth	School	Also Applying?

If you have a kindergarten student or a first grader, will you be needing **Extended Care***? If so, please choose from the available programs:

- AM (7:30 – 8:30) Kindergarten and first grade students
- Lunch Bunch (12:30 – 1:30) Kindergarten students who have a first grade sibling
- Nap & Extended Care (12:30 – 3:00)
- Late Extended Day (3:00 – 5:30)

* Please note that we currently are not offering extended care at our Mukilteo campus. If you enroll in that program and check an above box, we will notify you when we are able to offer this service.

Do you want to receive information about the Tuition Assistance Program based on family need
Yes No

How did you learn about our school? _____

Please Note: An application fee of \$50 must accompany this application. This fee is non-refundable and this application is valid only for the year noted.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

WIWS does not discriminate on the bases of race, religion, or national origin in its admission policy or in the conduct of its educational programs. The school is a 501c(3), tax-exempt, nonprofit organization.

Please remember that your interview will not be scheduled until the application and child history forms are completed and received by the school. We highly recommend that both parents be present for the interview.