



APPLICATION FOR ADMISSION KINDERGARTEN

PLEASE COMPLETE AND RETURN WITH \$50.00 APPLICATION FEE

SANTA CRUZ WALDORF SCHOOL
2190 EMPIRE GRADE, SANTA CRUZ, CA 95060
PHONE (831) 425-0519 FAX (831) 425-1326

FOR OFFICE USE ONLY

DATE RECEIVED _____ FEE ATTACHED _____ CHECK # _____
DATE OF INTERVIEW _____
ACCEPTED BY _____
CONTRACT SENT _____ RECEIVED _____

CHILD STARTING (MONTH/YEAR) _____
AGE WHEN CHILD IS STARTING KINDERGARTEN _____
ONE YEAR _____ TWO YEAR _____ THREE YEAR _____ FOUR YEAR _____

Child's full name _____

Date of birth _____ Gender _____ Proposed date of entrance to SCWS _____

Address _____ City _____ State _____ Zip _____

Parent 1 name _____ Date of birth _____

Address (if different from child's) _____

Daytime phone _____ Evening phone _____ Email _____

Occupation/place of employment _____

Interests, hobbies, talents _____

Parent 2 name _____ Date of birth _____

Address (if different from child's) _____

Daytime phone _____ Evening phone _____ Email _____

Occupation/place of employment _____

Interests, hobbies, talents _____

Siblings (names, ages, schools) _____

Schools Previously Attended (Include preschools)

Name and address	Dates	Contact person and phone #
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1. _____

2. _____

What is your reason for moving your child from his/her previous school?

Your Child's Activities, Interests, Character Traits

Please describe what activities your child enjoys.

Please describe scheduled activities your child does outside school (hobbies, classes, programs).

How would you describe your child's temperament?

Please describe your child's strengths and challenges.

Early History

Please let us know if this child was adopted. If yes, at what age? Please describe the circumstances and the child's adjustment process. For the questions which follow, please answer what you can.

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

Was child a sound sleeper? _____

At what age did the child start talking? _____

Was child breastfed? ___ How long? _____

At what age was the child toilet-trained? _____

At what age did the first teeth come in? _____

Were there any problems with eyes/ ears/ feet/ skin? _____

At what age did the child crawl? _____

Were there any serious falls as an infant? _____

At what age did the child start walking? _____

Play

Please describe your child's play experiences: themes, activities, characteristics.

Please describe your child's friendships with other children (include ages).

Does your child have imaginary playmates? Please describe.

Family Life

Describe parents' marital status. If separated or divorced, please describe co-parenting relationship. Describe child's living situation, past and present.

What languages has your child grown up with? _____

Please describe your family's relationship to spiritual or religious life.

Please describe your approach to discipline. How has this child responded to your discipline?

How many hours per day does your child spend with electronic media, including television, videos, cinema, radio, recorded music and stories, videogames and computers. (Please indicate average hours of viewing and/or listening and content. Include differences between weekdays and weekend days if relevant.)

History of Health

Has child been immunized?

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

Diphtheria _____	Whooping Cough _____	Measles _____
German measles ____	Mumps _____	Ear Infections _____
Chicken Pox _____	Scarlet Fever _____	Other _____

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

Present Health Situation

Does child have allergies? _____

Ear infections? _____

Does child contract colds easily? _____ Respiratory weakness? _____

Does child vomit easily? _____ Frequent nosebleeds? _____

Frequent headaches? _____ High fevers? _____

Is child on medication? _____ For what condition? _____

Does child wear glasses? _____ For what condition? _____

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

Does child have strong food preferences or dislikes? _____

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

Anything unusual in the child's development not mentioned so far?

Does your child have any unusual behaviors that the teachers should be aware of? Please describe.

Your Relationship to Santa Cruz and Waldorf Education

Why do you want your child to experience Waldorf education?

How did you hear of Santa Cruz Waldorf School?

Are you acquainted with anyone currently in the school, or with alumni families?

Signature of parent _____

Date _____