



**ENROLLMENT FORM – MEADOWSWEET
THE WALDORF KINDERGARTEN AT CAMPHILL SPECIAL SCHOOL**

Please return to Tobias Adams, Pedagogical Administrator
1784 Fairview Rd., Glenmoore, PA 19343
tadams@camphillspecialschool.org
610.469.9236

Child's full name: _____ DOB: _____

Place of birth: _____ Girl/Boy: _____

Parents' names and address: _____

Phone numbers: _____

Email: _____

Tuition Rates for 2018/2019 School Year*

| Selection | Program Hours | | 5 Days | 4 Days | 3 Days |
|------------------|----------------------|------------------|---------------|---------------|---------------|
| | 9:00 - 12:30 | | \$ 8,750 | \$ 7,000 | \$ 5,250 |
| | 9:00 - 3:00 | | \$ 11,000 | \$ 8,800 | \$ 6,600 |
| | 9:00 - 4:00 | Aftercare | \$ 12,750 | \$ 10,200 | \$ 7,650 |

*NOTE: tuition rates are for children who have not been identified as eligible for special education or early intervention services.

Full day programs include an organic lunch.
Option for early drop-off at 8:30 if pre-arranged.
Tuition is payable in 10 equal monthly installments from September to June, due by the first of each month.
Financial questions may be directed to the Business Office: 610-469-9236

Paste a recent photo of your child here.

Parent's signature

Date

Child lives with: mother _____ father _____ both parents _____
other guardian (please indicate relation) _____

Parents' names: _____

Marital status: _____

Mother's address (if different from child's):

Street: _____

City : _____ State: _____ ZIP: _____

Phone: _____

***PLEASE NOTE:** Be sure to complete the information directly below. Even if the mother's address is the same as the child's address, we need to have the following information:*

Cell: _____

Fax (if applicable): _____

E-mail: _____

Profession: _____

Phone number at work: _____

Father's address (if different than child's):

Street: _____

City : _____ State: _____ ZIP: _____

Phone: _____

***PLEASE NOTE:** Be sure to complete the information directly below. Even if the father's address is the same as the child's address, we need to have the following information:*

Cell: _____

Fax (if applicable): _____

E-mail: _____

Profession: _____

Phone number at work: _____

Please provide the names (and their relationship) and telephone numbers of two emergency contact people that we may use in the case of an emergency, should we not be able to reach mother or father.

1. _____

2. _____

Are duplicate mailings requested for separate households? Yes: _____ No: _____

Siblings' names:

_____ Date of birth _____

_____ Date of birth _____

_____ Date of birth _____

_____ Date of birth _____

Language spoken at home: _____

Religious affiliation (optional): _____

How did you learn about Meadowsweet at Camphill Special School? _____

Child's medical (optional information)

To help us to understand your child better, please reply to the following questions to the best of your knowledge:

How old were parents when child was born? _____

How was the pregnancy? _____

Delivery: normal: ___ abnormal: ___ If abnormal describe abnormality or complication: _____

Early: _____

Hospital: _____

C-Section: _____

How was the birth? _____

How long was the labor? _____

Did the baby cry at once? _____

Birth weight: _____

How was your child fed during the first year of life? _____

If breast fed, for how long? _____

At what age did your child crawl? _____ walk? _____ speak? _____

When was your child toilet trained? _____

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

Does your child suck thumb or fingers? _____

Any other habits? (nail biting, hair twisting, etc.) _____

What immunizations has your child received? _____

Were there any reactions? _____

What illnesses or childhood diseases has your child had, and at what ages? _____

Medical insurance information: _____

Known allergies: _____

Medications currently in use: _____

Vulnerable areas in your child's health

Lungs: _____ Stomach: _____ Ears: _____ Nose: _____ Throat: _____

Constipation: _____ Other: _____

Eating habits

Describe what your child eats for

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Does your child enjoy eating? _____

Does your child follow any special diet? _____

What foods do your child like most? _____

_____ and least? _____

Sleeping habits

What time does your child awaken on weekday mornings and weekend mornings? _____

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

Does your child nap during the day? _____

If so, how long? _____

What time does your child go to bed on weekdays and weekends? _____

Does your child fall asleep easily? _____

Does your child sleep through the night? _____

Any history of recurring dreams or nightmares? _____

Please give a short description of your child: _____

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

Do you consider rhythm important in the child's life? _____

If so, what do you do to provide it? _____

Describe home life or attitudes that you consider to be different or unique: _____

What festivals does your family celebrate? _____

What activities does your child enjoy? _____

Does your child have any special interests? _____

Does your child use a computer or play computer games? _____

How often? _____

Does your 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 the radio or music in the car? _____

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

What is your child's relationship to their siblings? _____

Does your child have pets? _____

Does your child have imaginary friends? _____ If yes, describe: _____

What kind of play does your child enjoy most? _____

_____ Least? _____

Is there a special toy, doll or blanket? _____

What is your child's outdoor play environment? _____

Please tell us briefly why you are choosing Waldorf education for your child: _____

As with all Waldorf schools, active parent involvement is expected. This includes participation in school events, parent conferences and parent workshops, as well as a general willingness to try and create consistency and continuity between home and school. Please comment on this:

Signature(s):

Mother

Date

Father

Date