



**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 2019/2020 School Year\***

<b>Selection</b>	<b>Program Hours</b>		<b>5 Days</b>	<b>4 Days</b>	<b>3 Days</b>
	<b>9:00 - 12:30</b>		\$ 9,250	\$ 7,400	\$ 5,550
	<b>9:00 - 3:00</b>		\$ 11,500	\$ 9,200	\$ 6,900
	<b>9:00 - 4:00</b>	<b>Aftercare</b>	\$ 13,400	\$ 10,720	\$ 8,040

\*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