



ENROLLMENT FORM – MEADOWSWEET

THE WALDORF KINDERGARTEN AT THE CAMPHILL SCHOOL  
Please return to Tobias Adams, Pedagogical Administrator  
1784 Fairview Rd., Glenmoore, PA 19343  
tadams@camphillschool.org  
610.469.9236

- Applying for:
- |   |                                  |                                  |                                |
|---|----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Full-Day Kindergarten* | <input type="checkbox"/> 3 day** | <input type="checkbox"/> 4 day** | <input type="checkbox"/> 5 day |
| <input type="checkbox"/> Half-Day Kindergarten  | <input type="checkbox"/> 3 day** | <input type="checkbox"/> 4 day** | <input type="checkbox"/> 5 day |

\*Full day program includes an organic lunch.

Option for early drop-off at 8:15am and extended day after 4:00pm if pre-arranged.

\*\*Circle days of week you would like your child to attend:      M      T      W      Th      F

Child's full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

BIOLOGICAL Mother's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Age at the time of child's birth \_\_\_\_\_ Married

Address, City, State, Zip code \_\_\_\_\_ Separated

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) Divorced

FAX \_\_\_\_\_ E-Mail \_\_\_\_\_ Widowed

Occupation \_\_\_\_\_ Remarried

Business Name/Address \_\_\_\_\_

BIOLOGICAL Father's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Age at the time of child's birth \_\_\_\_\_ Married

ADDRESS, City, State, Zip code \_\_\_\_\_ Separated

PHONE \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) Divorced

FAX \_\_\_\_\_ E-Mail \_\_\_\_\_ Widowed

OCCUPATION \_\_\_\_\_ Remarried

Business Name/Address \_\_\_\_\_

Paste a recent photo of your child below:

CUSTODIAL Mother's Name \_\_\_\_\_

CHECK HERE IF SAME AS BIOLOGICAL MOTHER

Address \_\_\_\_\_

Phone \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name/Address \_\_\_\_\_

CUSTODIAL Father's Name \_\_\_\_\_

CHECK HERE IF SAME AS BIOLOGICAL FATHER

Address \_\_\_\_\_

Phone \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name/Address \_\_\_\_\_

**INDIVIDUAL INFORMATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Scars/ Identifying Marks: \_\_\_\_\_

Describe any learning difficulties/differences in your child? \_\_\_\_\_

\_\_\_\_\_

**CONTACT INFORMATION**

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.

Name	Relationship	Phone #
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_____	_____	_____
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**HOME LIFE**

Are duplicate mailings requested for separate households? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Siblings' names:

\_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

What is your child's relationship to their siblings? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Does your child use a computer or play computer games? \_\_\_\_\_ How often? \_\_\_\_\_

Does your child watch TV or videos? \_\_\_\_\_ Which programs? \_\_\_\_\_

Are you willing to limit your viewing and listening time? \_\_\_\_\_

What is your child's outdoor play environment? \_\_\_\_\_

Describe any festivals celebrated at home: \_\_\_\_\_

How do you discipline your child? (give examples) \_\_\_\_\_

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**SELF-CARE**

Describe your child's ability to manage self-care issues (e.g. toileting, dressing, etc) \_\_\_\_\_

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**SLEEPING HABITS**

Describe sleeping habits (bedtime, how long, how deeply) \_\_\_\_\_

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

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

Does your child nap during the day? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Does your child fall asleep easily? \_\_\_\_\_

Any history of recurring dreams or nightmares? \_\_\_\_\_

**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? \_\_\_\_\_

**MEDICAL INFORMATION**

LIST ALL **CURRENT** MEDICATIONS AND PURPOSES (SEIZURES, ANXIETY, BEHAVIOR, ETC.), DOSAGES AND WHEN STARTED (APPROXIMATELY).

Drug	Dosage	Purpose	Date Started

Please list all immunizations your child has received (or attach immunization record) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any reactions to immunizations \_\_\_\_\_

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

\_\_\_\_\_

Describe known allergies \_\_\_\_\_

\_\_\_\_\_

Medical insurance information: \_\_\_\_\_

Vulnerable areas in your child's health

Lungs: \_\_\_\_\_ Stomach: \_\_\_\_\_ Ears: \_\_\_\_\_ Nose: \_\_\_\_\_ Throat: \_\_\_\_\_

Constipation: \_\_\_\_\_ Other: \_\_\_\_\_

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Please give a short description of your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn about Meadowsweet at Camphill School?

\_\_\_\_\_

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

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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:

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**SIGNATURES:**

\_\_\_\_\_  
Mother Date

\_\_\_\_\_  
Father Date