

Photo Included



The Camphill School

Date: _____

APPLICATION FOR THE WALDORF KINDERGARTEN AT THE CAMPHILL SCHOOL

APPLYING FOR: Full-Day (8:30am-4pm)*
 Half Day 8:30am-12pm or 12:30pm-4pm 3-Day** 4-Day** 5-Day

**Select days of week you would like your child to attend: M T W Th F
 (consecutive days are preferred)

*Full-Day program includes an organic lunch. Option for early drop-off at 8:15am and extended day after 4:00pm if pre-arranged.

Child's Full Name: _____ DOB: _____

Place of Birth: _____ Primary Language(s): _____

CUSTODIAL MOTHER

Check here if this is child's primary residence

SELECT AT LEAST ONE:

Name: _____ DOB: _____

Married

Street Address: _____

Separated

City, ST, Zip: _____

Single

Phone: _____ (H) _____ (C) _____ (W)

Divorced

Email: _____ Fax: _____

Widowed

Occupation: _____

Remarried

Business Name/Address: _____

Check here if Custodial Mother has educational rights granted through divorce settlement.

CUSTODIAL FATHER

Check here if this is child's primary residence

SELECT AT LEAST ONE:

Name: _____ DOB: _____

Married

Street Address: _____

Separated

City, ST, Zip: _____

Single

Phone: _____ (H) _____ (C) _____ (W)

Divorced

Email: _____ Fax: _____

Widowed

Occupation: _____

Remarried

Business Name/Address: _____

Check here if Custodial Father has educational rights granted through divorce settlement.

Correspondence should be directed to: Custodial Mother Biological Mother
 Custodial Father Biological Father



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BIOLOGICAL MOTHER

Same as Custodial Mother

Name: _____ DOB: _____ Age at Child's Birth: _____

Street Address: _____

SELECT AT LEAST ONE:

City, ST, Zip: _____

Married

Phone: _____ (H) _____ (C) _____ (W)

Separated

Email: _____ Fax: _____

Single

Occupation: _____

Divorced

Widowed

Business Name/Address: _____

Remarried

BIOLOGICAL FATHER

Same as Custodial Father

Name: _____ DOB: _____ Age at Child's Birth: _____

Street Address: _____

SELECT AT LEAST ONE:

City, ST, Zip: _____

Married

Phone: _____ (H) _____ (C) _____ (W)

Separated

Email: _____ Fax: _____

Single

Occupation: _____

Divorced

Widowed

Business Name/Address: _____

Remarried

CHILD INFORMATION

American Indian/Alaskan Native

Hispanic

Asian (non-hispanic)

Multi-Racial

Gender: _____ Ethnicity:

Black/African American

White/Caucasian

Native Hawaiian/Pacific Islander (non-hispanic)

Other

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Scars/Identifying Marks: _____

Religious Affiliation: _____

Primary Language Spoken at Home: _____

Additional Household Members (list names, DOB, Relationship to Child):

Describe your child's relationships to those listed above:



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Describe your family's relationship with media (TV, Videos, Gaming, etc.)

What is your child's outdoor play environment?

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

SELF-CARE/EATING HABITS

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

Can your child feed him/herself? Yes No Somewhat

Please list any special dietary needs/restrictions:

What foods does your child like most?

MEDICAL INFORMATION

Please list any known allergies and reactions to immunizations:

Please list all **CURRENT** medications and purposes (seizures, anxiety, behavior, etc.), dosage and approximate start date:

MEDICATION NAME	DOSAGE	REASON FOR DISCONTINUING	TAKEN FROM/TO



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

Vulnerable areas in your child's health:

Lungs

Stomach

Ears

Nose

Throat

Intestines/Bowels

Other: _____

Please give a short description of your child, along with any particular hobbies or interest:

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

EMERGENCY 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 primary custodians.

Name	Relationship	Phone #
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Name	Relationship	Phone #
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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:

SIGNATURES

Mother

Date

Father

Date

The Camphill School does not discriminate on the basis of race, age, color, creed, gender, sexual orientation, national origin, ethnic origin or disability.