

## **The Camphill School**

## APPLICATION FOR THE WALDORF KINDERGARTEN AT THE CAMPHILL SCHOOL

APPLYING FOR:	Full-Day (8:30am-3pm	3-Dav <sup>3</sup>	3-Day**		5-[	5-Day	
	Half-Day (8:30am-12p	III <i>)</i>					
	days of week you would like utive days are preferred)	your child to attend:	M	T W	/ Th	F	
*Full-Day program	m includes an organic lunch. Օբ	ntion for early drop-off at 8:1	.5am and e	xtended day after	r 3:00pm if pro	e-arranged.	
Child's Full Name:				DOB:			
Place of Birth:		Primary Lan	guage(s):				
CUSTODIAL PARENT 1	Check here if t	this is child's primary resid	dence		SELEC	T AT LEAST ONE:	
lame:		DOB:		·		Married	
treet Address:				<del> </del>		Separated Single	
City, ST, Zip:						Divorced	
hone:	(H)	(C)		(W)		Widowed Remarried	
mail:		Fax:				Kemarried	
Occupation:							
	Custodial Parent 1 has educ						
					SELEC	Γ AT LEAST ONE:	
CUSTODIAL PARENT 2	Check here if	this is child's primary resi	dence			Married	
Name:		DOB:				Separated	
treet Address:						Single Divorced	
City, ST, Zip:						Widowed	
Phone:	(H)	(C)		(W)		Remarried	
Email:		Fax:					
Occupation:							
Business Name/Address:	:						
Check here if (	Custodial Parent 2 has educ	ational rights granted thr	ough divo	rce settlement.			
		Custodial Parent 1	Biolo	ogical Mother			
Correspondence should be direct	be directed to:	Custodial Parent 2	Biolo	ogical Father			



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BIOLOGICAL MOTHER	Same a	s Custodial Parent	If yes, ple	ease list your age wh	nen your child was	born
Name:			DOB:			
Street Address:			<del></del>		SELECT A	AT LEAST ONE:
City, ST, Zip:						Married
Phone:						Separated Single
						Divorced
Email:			_ rax:	<del></del>		Widowed Remarried
Occupation:						Remaineu
Business Name/Address:						
BIOLOGICAL FATHER	Same a	s Custodial Parent	If yes, ple	ease list your age wh	nen your child was	born
Name:			DOB:			
Street Address:					SELECT	AT LEAST ONE:
City, ST, Zip:						Married
Phone:						Separated Single
						Divorced
Email:			_ Fax:			Widowed
Occupation:				<del></del>		Remarried
Business Name/Address:						
CHILD INFORMATION		American Indian/Ala Asian (non-hispanic)	skan Native	Native Hawaiian, Hispanic	/Pacific Islander	Multi-Racial
Gender:	Ethnicity:	Black/African Americ	an	White/Caucasian	1	Other
Height:	Weight:	Hair Co	lor:	Eye Colo	or:	<del></del>
Scars/Identifying Marks:						
Religious Affiliation:						
Additional Household Mem	nbers (list names	, DOB, Relationship to (	Child):			
Describe your child's relati	onships to those	e listed above:				



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 best?
MEDICAL INFORMATION Please list any known allergies and reactions to immunizations:
Disease list all CURRENT medications and numbers (saigures anyiety behavior etc.), decade and approximate start dates

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

MEDICATION NAME	DOSAGE	PURPOSE / REASON FOR DISCONTINUING	TAKEN FROM/TO



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

Vulnerable areas in yo	ur child's health:				
Lungs	Stomach	Ears	Nose	Throat	Intestines/Bowels
Other:					
Please give a short des	cription of your child	I, along with any p	articular hobbies or i	nterest:	
Are you familiar with V	Valdorf education, a	nd can you tell us l	oriefly why you are ch	noosing Waldorf educa	ation for your child:
EMERGENCY CONTACT Please provide the name on the case of an emerge	es (and their relation			mergency contact peo	ple that we may use
Name		Relationship		Phone #	
Name		Relationship		Phone #	
As with all Waldorf scho conferences and parent and school. Please comi	workshops, as well				
IGNATURES					
IGIAL OILS					
Parent/Guardia	an 1			Date	
Parent/Guardia	an 2			Date	

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