



Date: _____



The Camphill School

BIOLOGICAL MOTHER

Same as Custodial Parent

If yes, please list your age when your child was born _____

Name: _____ DOB: _____

Street Address: _____

City, ST, Zip: _____

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

Email: _____ Fax: _____

Occupation: _____

Business Name/Address: _____

SELECT AT LEAST ONE:

Married
Separated
Single
Divorced
Widowed
Remarried

BIOLOGICAL FATHER

Same as Custodial Parent

If yes, please list your age when your child was born _____

Name: _____ DOB: _____

Street Address: _____

City, ST, Zip: _____

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

Email: _____ Fax: _____

Occupation: _____

Business Name/Address: _____

SELECT AT LEAST ONE:

Married
Separated
Single
Divorced
Widowed
Remarried

CHILD INFORMATION

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

Asian (non-hispanic)

Hispanic

Multi-Racial

Gender: _____ Ethnicity: _____ Black/African American

White/Caucasian

Other

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

Scars/Identifying Marks: _____

Religious Affiliation: _____

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

Describe your child's relationships to those listed above:



The Camphill School

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:

Please list all **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 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:

Are you familiar with Waldorf education, and can you 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 #

Name

Relationship

Phone #

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

Parent/Guardian 1

Date

Parent/Guardian 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.