

PARENT-CHILD PROGRAM Application for Enrollment

Child's Name _____ Birthdate _____

Parent Name _____ Parent Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Occupation _____ Occupation _____

Home phone _____ Home phone _____

Cell / Work phone _____ Cell / Work phone _____

Email _____ Email _____

How did you hear about Hawthorne Valley Waldorf School's parent-child program? _____

What are you hoping to find in this program for you and your child? _____

Health History

Pregnancy: Were there any complications during the pregnancy? _____ Approx. length of labor: _____

Were there any complications during or immediately following the birth? _____

Illnesses: Please list any major childhood illnesses your child has had. _____

Operations: _____ Accidents: _____

Vaccines: Please provide us with a copy of any childhood vaccines your child has received with the approx. dates. _____

Does your child have any chronic illnesses or conditions like asthma, allergies, etc.? _____

Does your child require any regular medication? _____

Development

Did your child crawl? _____ At what age did your child walk? _____ talk? _____

When did your child's baby teeth first appear? _____

Describe your child's speech development _____

List any physical activities your child particularly enjoys. _____

What is your child's favorite activity? _____

Home and Family Rhythms

List names and ages of siblings: _____ Do they reside at home? _____

Does your child reside with both parents? _____ If not, what is your child's weekly or yearly schedule?

Parents' working hours: _____ Other parents' working hours: _____

How many hours of sleep does your child get each day? _____

Does your child watch TV or play computer games, or use other electronic devices?

regularly _____ occasionally _____ rarely _____ never _____

What festivals are celebrated by your family? (List all.) _____

Are there any attitudes, beliefs, or customs in your family that you consider unique? _____

Has your child participated in any preschool program?

What do you consider your child's areas of strength, and what would you like to help your child develop further?

Enrollment Preferences

Session: _____ Fall _____ Winter _____ Spring

Day: _____ Thursday _____ Friday _____ Saturday

(class time 9:00-11:00)

Would you like to be placed on our bi-weekly school bulletin e-mailing list? _____

Would you like to be placed on our general information/event e-mailing list? _____

If so, what email address would you like to use? _____

Please submit your application to:

**Hawthorne Valley Waldorf School
Admissions Office
330 County Route 21C
Ghent, NY 12075**

**(Please remember that after you are accepted into the parent-child program,
the term fee must be paid in full before you and your child can attend the program.)**