



**LOWER SCHOOL  
Application for Enrollment  
2012-2013**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M or F

Month/Year of Entry \_\_\_\_\_ Applying To Grade \_\_\_\_\_

Mother's/Caregiver's Name: \_\_\_\_\_

Father's/Caregiver's Name: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

What are you hoping to find at HVS for your child? \_\_\_\_\_

\_\_\_\_\_

**Educational History**

Foreign languages / Number of years \_\_\_\_\_

Music training/instruments / Number of years \_\_\_\_\_

Can he/she read music? \_\_\_\_\_ Comments: \_\_\_\_\_

Has your child participated in any special preschool or learning programs, been tutored in any subjects or received curative therapies? \_\_\_\_\_

\_\_\_\_\_

What is your child's favorite subject? \_\_\_\_\_

Describe your child's strengths and challenges. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous school(s): \_\_\_\_\_

### Health History

Were there any complications during the pregnancy? \_\_\_\_\_ Approx. length of labor: \_\_\_\_\_

Were there any complications during or immediately following the birth? \_\_\_\_\_

Please list any major childhood illnesses your child has had. \_\_\_\_\_

Operations: \_\_\_\_\_ Accidents: \_\_\_\_\_

Has your child been vaccinated? \_\_\_\_\_

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 lose his/her first baby teeth? \_\_\_\_\_ Any speech problems? \_\_\_\_\_

Does your child jump rope? \_\_\_\_\_ ride a bike? \_\_\_\_\_ swim? \_\_\_\_\_ ski? \_\_\_\_\_

List any other physical activities your child likes to engage in. \_\_\_\_\_

### Home and Family Rhythms

List names and ages of siblings. \_\_\_\_\_ Do they reside at home? \_\_\_\_\_

Does your child reside with both parents? \_\_\_\_\_ If not, with whom does the child stay with during what part of the week or the year? \_\_\_\_\_

Caregiver's / Mother's Working Hours: \_\_\_\_\_ Caregiver's / Father's Working Hours: \_\_\_\_\_

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

Does your child watch TV or play computer games? regularly \_\_\_\_\_ occasionally \_\_\_\_\_ rarely \_\_\_\_\_ never \_\_\_\_\_

What festivals are celebrated by your family? \_\_\_\_\_

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

Does your child have any regular chores or responsibilities? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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**PLEASE RETURN THIS APPLICATION WITH A \$55.00 APPLICATION FEE TO:**

**ADMISSIONS DIRECTOR, HAWTHORNE VALLEY WALDORF SCHOOL, 330 ROUTE 21C, GHENT, NY 12075**