



NURSERY/KINDERGARTEN
Application for Enrollment
2012-2013

Child's Name _____ Birthdate _____ M or F

Month/Year of Entry _____ Number of Days? _____

Caregiver/Mother's Name _____

Caregiver/Father's Name _____

Address _____ Address _____

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

Occupation _____ Occupation _____

Employer _____ Employer _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

How did you hear about Hawthorne Valley School? _____

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

Educational History

Has your child participated in any preschool programs? _____

What is your child's favorite activity? _____

Discuss the difficulties/successes in your child's educational life? _____

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 your child stay with during what part of the week or the year? _____

Caregiver/Mother's working hours: _____ Caregiver/Father's working hours: _____

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

Does your child watch TV or play computer games? _____

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? _____

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

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

ADMISSIONS DIRECTOR, HAWTHORNE VALLEY WALDORF SCHOOL

330 ROUTE 21C, GHENT, NY 12075