



**PEACH BLOSSOM PARENT-CHILD PROGRAM**  
**Application for Enrollment**  
**2012-2013**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

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

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

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

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ 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? \_\_\_\_\_ Any speech problems? \_\_\_\_\_

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?

Mother's working hours: \_\_\_\_\_ 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? (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?

## 2011/2012 Enrollment Preferences

Session: \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring session. (Apply for only one session with this application.)

Would you like to be placed on our weekly school bulletin mailing list? \_\_\_\_\_

Would you like to be placed on our general information/development mailing list? \_\_\_\_\_

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**Please submit your application  
with a \$25 fee to:**

**Hawthorne Valley Waldorf School  
Admissions Office  
330 Rt 21 C  
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.)**