

- OFFICE USE ONLY -

REC'D: \_\_\_\_\_  
PAID: \_\_\_\_\_  
CHECK #: \_\_\_\_\_  
TCHER REC: \_\_\_\_\_  
PHOTO: \_\_\_\_\_

- OFFICE USE ONLY -

Kindergarten   
Half day  Full Day   
Nursery   
3 Days  5 Days   
Half Day  Full Day

# Charlottesville Waldorf School

## Application for Admission Early Childhood Program

Prior to scheduling a student visit, this form must be returned with the \$50.00 non-refundable Application Fee, a letter of recommendation and/or transcript, and a photo of the applicant.

Date: \_\_\_\_\_ Date of Proposed Entrance: \_\_\_\_\_

Program Applying For: Kindergarten 5 Full Day  Kindergarten 5 Half Day  Nursery 3 Half Days   
Nursery 3 Full Days  Nursery 5 Half Days  Nursery 5 Full Days

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_  
*Last First Middle Goes By*

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (*circle one*): Female / Male

### FAMILY INFORMATION

Mother's Name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ *Home Work Cell* Phone: \_\_\_\_\_ *Home Work Cell*

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Place of Employment: \_\_\_\_\_ Occupation/Place of Employment: \_\_\_\_\_

Child resides with: \_\_\_\_\_

### Additional Information

Please list your child's previous school or peer experience. Please include school name and year, days per week, and number of hours per day, and number of children in the class: \_\_\_\_\_

Describe your child's experience there: \_\_\_\_\_

How did you learn about Charlottesville Waldorf School? \_\_\_\_\_

Are there any questions about our program that you would like to discuss? If so, please list them here: \_\_\_\_\_

## CHILD DEVELOPMENT

*Professional evaluations provide important insight into a child's development. Have you consulted a physician or other professional about your child's development in any of the areas listed below? If yes, please explain the nature of the consultation.*

Learning differences: \_\_\_\_\_  
\_\_\_\_\_

Emotional or behavioral development: \_\_\_\_\_  
\_\_\_\_\_

Motor development: \_\_\_\_\_  
\_\_\_\_\_

When is your child's regular: Bedtime: \_\_\_\_\_ Meal times: \_\_\_\_\_

On average, how much "screen time" does your child have per week? This includes all television, videos, movies, video games, computers, and other electronic media devices: \_\_\_\_\_  
\_\_\_\_\_

Briefly describe your child's personality, favorite activities, interests, etc. Include any information that would be relevant to our faculty: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship with parents and siblings: \_\_\_\_\_  
\_\_\_\_\_

Mother's pregnancy (Full term? Anything unusual?): \_\_\_\_\_

Child's general health: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any major illnesses, accidents, prolonged medications, or hospitalizations: \_\_\_\_\_

Age when your child first: walked: \_\_\_\_\_ talked: \_\_\_\_\_ toilet trained: \_\_\_\_\_

Do you intend for your child to continue to the CWS grade school: YES / NO

Will your child attend additional programs concurrent with Nursery or Kindergarten? (i.e. music, dance, language, athletics, etc.)  
Please list: \_\_\_\_\_  
\_\_\_\_\_

***I/WE acknowledge the receipt of the following documents:***

\_\_\_\_\_ Admissions Procedures \_\_\_\_\_ Teacher Recommendation Form \_\_\_\_\_ Tuition and Fee Schedule

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

***THIS APPLICATION MUST BE COMPLETED IN FULL—WE CANNOT PROCESS INCOMPLETE APPLICATIONS***

*Charlottesville Waldorf School admits children of any gender, race, color, ethnicity, national origin, or religion.*

Website: [www.cwaldorf.org](http://www.cwaldorf.org)