

- OFFICE USE ONLY -

REC'D: _____
PAID: _____
CHECK #: _____
TCHER REC: _____
PHOTO: _____

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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 Social Security Number _____

FAMILY INFORMATION

Mother's Name: _____ Father's name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____
Home Work Cell Home Work Cell

Email: _____ Email: _____

Occupation/Place of Employment: _____ Occupation/Place of Employment: _____

Child resides with: _____ Siblings' Names and Ages: _____

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