



Early Childhood Application for Admission

Admissions Office
 Phone: 610.933.3635 ext. 108
 Email: admissions@kimberton.org

Applying for: *(please review the program requirements on the last page of this application)*

- | | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Parent-Child Class | <input type="checkbox"/> 1 day | | | | <input type="checkbox"/> Also interested in extended day program |
| <input type="checkbox"/> Full-Day Rosebud Garden | <input type="checkbox"/> 2 day | <input type="checkbox"/> 3 day | <input type="checkbox"/> 4 day | <input type="checkbox"/> 5 day | |
| <input type="checkbox"/> Half-Day Rosebud Garden | <input type="checkbox"/> 2 day | <input type="checkbox"/> 3 day | <input type="checkbox"/> 4 day | <input type="checkbox"/> 5 day | |
| <input type="checkbox"/> Full-Day Kindergarten | <input type="checkbox"/> 4 day | <input type="checkbox"/> 5 day | | | <input type="checkbox"/> Also interested in extended day program |
| <input type="checkbox"/> Half-Day Kindergarten | <input type="checkbox"/> 4 day | <input type="checkbox"/> 5 day | | | |
| <input type="checkbox"/> Full-Day Forest Kindergarten | <input type="checkbox"/> 4 day | <input type="checkbox"/> 5 day | | | <input type="checkbox"/> Also interested in extended day program |
| <input type="checkbox"/> Half-Day Forest Kindergarten | <input type="checkbox"/> 4 day | <input type="checkbox"/> 5 day | | | |

Applicant Information

Full Name	Preferred Nickname
Mailing Address	Date of Birth
City	Applying for Month/Year
State	
Zip	
Phone	<input type="checkbox"/> Male <input type="checkbox"/> Female

Has this student applied to Kimberton Waldorf School before? Yes No Which year? _____ Which program? _____

Parent/Guardian Information

Parent/Guardian I <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Parent/Guardian II <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
<input type="checkbox"/> Sole legal custody of student. <input type="checkbox"/> Joint legal custody of student.	<input type="checkbox"/> Sole legal custody of student. <input type="checkbox"/> Joint legal custody of student.
Address (If different from above)	Address (If different from above)
City	City
State	State
Zip	Zip
Home Phone	Home Phone
Occupation or Position	Occupation or Position
Place of Employment	Place of Employment
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

The Admissions Office should use which phone during the Admissions Process? Parent I Parent II Both Other _____
 To whom should Admissions Office correspondence be sent? Parent I Parent II Both Other _____

Family Information

Applicant's Sibling(s):	Birth Date	Grade Level	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the applicant's relationship with his/her siblings: _____

Check one: Parents living together Parents divorced/separated Single parent Other

Parent/Guardian I is remarried

Parent/Guardian II is remarried

Steparent's Name (if applicable) Dr. Mr. Mrs. Ms.

Steparent's Name (if applicable) Dr. Mr. Mrs. Ms

Address

Address

City State Zip

City State Zip

Occupation or Position

Occupation or Position

Place of Employment

Place of Employment

Work Telephone

Work Telephone

Cell Phone

Cell Phone

Email Address

Email Address

Financial Information

Please indicate the person(s) who is financially responsible for the applicant's tuition and fees (if different from the Parent/Guardian information provided above):

Name(s)

Relationship to Student

Address

Telephone

City State Zip

Email

Check here if you intend to apply for need-based tuition assistance / financial aid.

Application for need-based tuition assistance / financial aid is a separate process and in no way affects admission decisions. Please visit www.sss.nais.org to complete the online tuition assistance application. Feel free to contact the admissions office with any further questions about this.

Kimberton Waldorf School Relatives (optional)

Did (do) any relatives of this student attend KWS? Relationship to Student Year Graduated/Current Grade

Background Information (optional)

(Note: Answering these questions is optional. They are asked so that Kimberton Waldorf School can respond to requests for summary applicant data from the National Association of Independent Schools, from independent school guidebooks, and from other organizations. We are dedicated to fostering an educational environment broadly representative of those around us.)

Please identify student's racial/ethnic group.

African American Caucasian Middle Eastern Native American
 Asian American Hispanic American Multiracial (specify) Other (specify) _____

Student's country of birth and/or citizenship: _____ How long has applicant lived in the U.S.? _____
(If student not born in the U.S.)

Current School or Daycare Information

This student is a resident of which Pennsylvania school district? _____

Name of Current School / Daycare (and School District if different than above)		Grade Levels Attended	
Address		<input type="checkbox"/> Director <input type="checkbox"/> Principal <input type="checkbox"/> Counselor	
City State Zip		Telephone	Fax
Other Schools Previously Attended		Grade Levels Attended	

Child's History

How old were the parents when the child was born? _____ How was the pregnancy? _____

Delivery: Normal Abnormal Note abnormality or complication: _____

Early Hospital C-Section Medication: _____

How was the birth? _____ How long was the labor? _____ Jaundice? _____

If adopted, at what age and under what circumstances? _____

Approximate weight at birth: _____ Was child breastfed? _____ How long? _____

At what age did your child crawl? _____ Walk? _____ Speak? _____

When was your child toilet trained? _____

Does your child wet the bed? _____ If yes, under what circumstances? _____

Does your child suck thumb or fingers? Any other habits (nail biting, hair twisting, etc.)? _____

Are there any letters or sounds your child does not speak clearly (such as R, Y, D)? _____

Do both parents reside in the home? _____ If not, does your child have contact with both? _____

How much time is spent in each environment? Describe arrangements: _____

Were there any complications or extraordinary events in the first three years of the your child's life? Please explain.

What immunizations has your child received? Were there any reactions? _____

Illnesses (include measles, mumps, chicken pox, etc.): _____

Allergies: _____

Medications currently in use: _____

Injuries or surgeries: _____

Vulnerable areas: Lungs Stomach Ears Nose Throat Constipation Other: _____

Check here if your child has ever had a psychological evaluation, IEP, or 504 Service Agreement.
(You must send copies of these documents along with this application.)

Home and Family Rhythms

What time does your child awaken on *weekday* mornings/*weekend* mornings? _____

How does your child awaken (dreamy, cheerful, crabby, etc.)? _____

Does your child nap during the day? _____

Does your child eat breakfast? What does he/she eat? Describe eating habits: _____

Do you or your child follow any special diet? _____

What foods does your child like most? _____ Least? _____

What meals does your child have with entire family? _____

What time are meals? _____

Does your child have regular chores? If so, what are they? _____

How do you discipline your child? (give examples) _____

How would you describe your child's temperament? Describe your child briefly. _____

What time does your child go to bed on weekdays/weekends? _____

What, if any, are the bedtime rituals? _____

Does your child fall asleep easily? _____ Does he/she sleep through the night? _____

Is there any history of recurring dreams or nightmares? _____

What are your family's weekend activities? _____

Do you consider rhythm to be important in the child's life? If so, what do you do to provide it? _____

What languages are spoken at home? _____ What languages does your child speak? _____

Mother: _____ Father: _____

Describe home life or attitudes that you consider to be different or unique _____

What festivals does your family celebrate? _____

Child care situation: Parents only Part-time caretaker Full-time caretaker

How many hours with caretaker? _____ Does your child have an extended family? If so, describe relationships:

Play

What activities does your family do together that your child enjoys?

Does your child swim or take part in other physical activities, organized sports, lessons, or classes? _____

Does your child have any special interests? _____

Does your child use a computer/tablet/smartphone or play video games? _____ How often? _____

Does your child watch TV or videos? _____ Which programs? _____

How often? _____ How long? _____ When? _____

Do you and your children listen to music at home? What kind? _____

Do you listen to music/radio/podcasts/audiobooks in the car? _____

Are you willing to limit your child's viewing and listening time? _____

Does your child have pets? _____

Does your child have neighborhood friends? _____ What are their ages? _____

Describe their relationship and play _____

Does your child have imaginary playmates? _____ Give names and describe _____

What kind of play and toys does your child enjoy most? _____

_____ least? _____

Is there a special toy, doll, or blanket? _____

What is your child's outdoor play environment? _____

Please use a separate sheet to write a minimum of two paragraphs as to why you are choosing a Waldorf Education for your child.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

General Information

A nonrefundable fee of \$50 must accompany this application. Final acceptance is based upon a personal interview, observation, and the availability of space in the class. Applicants are considered for admission without regard to race, religion, ethnic origin, or gender.

Teacher and Parent Interview and Acceptance Process: When the application has been received by KWS, the Admissions Office will call the parents to arrange a meeting at the school between the teachers and the family. The teachers will make the final decision regarding acceptance. Upon acceptance, an enrollment agreement will be sent to the child's parents.

Early Childhood Structure and Program Requirements

Parent-Child Class: Children attending with a parent must be no older than 3 years old.

Rosebud Garden: Children are placed into mixed-age classrooms and must be at least 18 months old as of projected enrollment date. Children do not need to be toilet trained to participate.

Kindergarten: Children are placed into mixed-age classrooms and must have turned 4 years old by June 1. Children must be toilet trained to participate.



THE ART OF EDUCATION

410 W Seven Stars Road, PO Box 350
Kimberton, PA 19442
Phone: 610-933-3635, ext 108 Fax: 610-935-6985

REQUEST FOR RECORDS

Please give this form to the office of your child's present school.

Student's Name _____

School _____

Date Student Enrolled _____

To the Registrar: This student is applying to Kimberton Waldorf School. Please send us the following records (if applicable):

- Academic Records (Listing Subjects and Grades) for the Past Three Years
- Health and Dental Records
- Standardized Testing Results
- Screening/Placement Records for Academically Talented Programs and Special Education Programs
- Psychological Testing and Evaluation
- Individual Educational Plans, Service Agreements, or Accommodations
- Records of Disciplinary Actions
- Attendance Records
- Other Pertinent Documents

I hereby give my permission to _____

(present school) to release the records of _____ (child's name)

to Kimberton Waldorf School.

Signature of Parent/Guardian

Please send records to:
Admissions Office, Kimberton Waldorf School
PO Box 350, Kimberton, PA 19442