

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

- | | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--|
| <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"/> Also interested in extended day program |
| <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	State	Zip	Applying for Month/Year
Phone		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	

Has this student applied to Kimberton Waldorf School before? Yes No What 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 State Zip	City State 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 _____

Check here if you intend to apply for need-based *tuition assistance* (Available only for full day Kindergarten students)

Application for need-based tuition assistance is a separate process and in no way affects admission decisions. Please visit <https://sssbynais.org/> to complete the online tuition assistance application. Feel free to contact Kimberton Waldorf School's Business Office at 610.933.3635 ext. 128 with any further questions.

**Please write at least two paragraphs as to why you are seeking
a Waldorf Education for your child**

In order to better understand your child, please provide us with the following information:

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

Is your child toilet trained? _____ (If so, at what age? - Day and night) _____

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)? _____

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

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 routine 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? _____

Is there any additional information you would like to share with regard to any academic, physical, medical or other issues/needs that your child has?

By signing this application, we affirm that we have provided all pertinent information and that all information provided is accurate, to the best of our knowledge:

Parent Signature

Date

Parent Signature

Date

Child's Name

A nonrefundable fee of \$50 must accompany this application. The application will not be processed without the fee. Final acceptance is based upon a personal interview with the child, 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 then make the final decision regarding acceptance. Upon acceptance, a contract will be sent to the child's parents.

Early Childhood Structure and Policy:

Rose Kindergarten and Forest Kindergarten: Children are placed into mixed-age groups and should be between 4 and 6 years old. Children applying for the Kindergarten must have turned 4 by June 1 and be toilet trained.

Rosebud Garden Program: Children are placed into mixed-age groups and should be between 2 and 4 years old. On occasion we do make exceptions to this policy, so please feel free to contact us for more information about enrolling younger children in the program. Children do not need to be toilet trained to join the program.