

**SPRING GARDEN WALDORF SCHOOL**  
**1791 SOUTH JACOBY ROAD COPLEY, OHIO 44321**  
**ENROLLMENT APPLICATION**

I am interested in enrolling my child in Spring Garden Waldorf School for the \_\_\_\_\_ school year in the following class (please circle):

- Preschool    5 Full Days   5 Half Days   3 Full Days   3 Half Days   2 Full/3Half Days (M/T full)   2 Half/3 Full Days (M/T half)
- Kindergarten\*   5 Full Day   5 Half Days   2 Full/3 Half Days (M/T full)   2 Half/3 Full Days (M/T half)
- Grade School: 1\*\*   2   3   4   5   6   7   8

\*Kindergarten children must be 5 no later than June 1.

\*\*First grade children must be 6 no later than June 1.

**Date of birth will be a factor in the placement of children in all grades**

Student's Full Name \_\_\_\_\_ Name to be used in school \_\_\_\_\_  
Last                                  First                                  M.I.

Address \_\_\_\_\_  
Number & Street                                  City/State/Zip                                  Phone #                                  Email Address

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Applying for Grade \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Social Security # \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
Zip \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_

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

How much time is spent in each environment? \_\_\_\_\_

Who is financially responsible for school expenses? \_\_\_\_\_

Is there anyone else at home who shares responsibility for the child? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Does child have siblings? (include names, birthdates, and schools attending) \_\_\_\_\_

Do you have any relatives and/or friends at Spring Garden Waldorf School? \_\_\_\_\_

How did you learn about Spring Garden Waldorf School? \_\_\_\_\_

To what other schools have you applied? \_\_\_\_\_

A limited amount of tuition assistance is available. Will you be applying for financial aid (avail for K-8 only)?    YES    NO  
Will you be applying for an EdChoice or EdChoice Expansion Scholarship?    YES    NO

### CHILD'S EARLY HISTORY

**Note to parents:** We request the following information so that we may obtain as complete a picture as possible of the developmental stages of the children that come under our care, thus enabling us to serve the needs of the child and family to the best of our ability. Please use additional paper if necessary. All information will be kept confidential.

How old was mother when child was born? \_\_\_\_\_ father? \_\_\_\_\_ Place of birth: \_\_\_\_\_

How was the pregnancy? \_\_\_\_\_

Hospital or home birth? \_\_\_\_\_ If any, what family and friends were present? \_\_\_\_\_

How was the birth? (e.g., easy, quick, long, caesarian etc.) \_\_\_\_\_

If child was adopted, at what age and under what circumstances? \_\_\_\_\_

Birth weight \_\_\_\_\_ Was child breast-fed? \_\_\_\_\_ How long? \_\_\_\_\_

At what age did child: crawl? \_\_\_\_\_ walk? \_\_\_\_\_ speak? \_\_\_\_\_ begin referring to him/herself as "I"? \_\_\_\_\_

When was child toilet-trained? \_\_\_\_\_ Does child wet the bed? \_\_\_\_\_ Under what circumstances? \_\_\_\_\_

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

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

Were there any complications or extraordinary events in the first 3 years of the child's life? Please explain:

\_\_\_\_\_  
Please describe any early learning programs your child has been involved in:

### HOME & FAMILY RHYTHMS

What time does child awake in the morning on weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_

How does child awaken (dreamy, crabby, cheery, etc.)? \_\_\_\_\_

What, if anything, does child eat for breakfast? \_\_\_\_\_

Do you or your child follow any special diet? YES NO

Reason: (Circle One) Allergy or Medical Condition Food Sensitivity or Intolerance Personal Choice

If YES, please explain: \_\_\_\_\_

What foods does your child like most? \_\_\_\_\_ Least? \_\_\_\_\_

What meals does child have with the entire family? \_\_\_\_\_ What time are the meals? \_\_\_\_\_

What, if any, are child's regular chores? \_\_\_\_\_

How do you discipline your child? (give examples) \_\_\_\_\_

How would you describe your child's temperament? \_\_\_\_\_

What time does child go to bed on weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_

What, if any, is the bedtime ritual? \_\_\_\_\_ Does child fall asleep easily? \_\_\_\_\_

Does s/he sleep through the night? \_\_\_\_\_ Any recurring nightmares or dreams? \_\_\_\_\_

What are your family's weekend activities? \_\_\_\_\_

Is routine and rhythm important in your child's life? \_\_\_\_\_ If so, what do you do to provide it? \_\_\_\_\_

What language is spoken in the home? \_\_\_\_\_ What languages does the child speak? \_\_\_\_\_

Other than immediate family, are there any other people who are major influences in the child's life?

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

What festivals does your family celebrate? \_\_\_\_\_

### PLAY

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

What physical activities does your child enjoy? \_\_\_\_\_

Does your child get hot or cold easily? \_\_\_\_\_ Do you mind your child getting dirty during play? \_\_\_\_\_

Does your child use a computer or computer games? \_\_\_\_\_ How often? \_\_\_\_\_

Does your child watch TV or videos? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_ hrs/week

What programs? \_\_\_\_\_

What kind of music do you and your child listen to at home? \_\_\_\_\_

Do you play radio or tapes in the car? \_\_\_\_\_

Are you willing to limit your child's T.V. viewing, video game/computer use and listening time? \_\_\_\_\_

If child has siblings, describe their relationship and play: \_\_\_\_\_

What kinds of pets, if any, does your child have? \_\_\_\_\_

Does your child have friends in your neighborhood? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Describe their relationship and play: \_\_\_\_\_

What kind of play and toys does s/he enjoy most? \_\_\_\_\_ Least? \_\_\_\_\_

Is there a special toy or doll? \_\_\_\_\_

What is your child's outdoor play environment? \_\_\_\_\_

What, if any, extra classes outside of school does your child take? \_\_\_\_\_

Where will your child be after school? (with parent, babysitter, other home, aftercare, etc.) \_\_\_\_\_

**ACADEMIC & MEDICAL HISTORY**

Please explain any learning difficulties child may have. \_\_\_\_\_

Has the child received psychological or psychiatric evaluations or counseling? Yes No If yes, please explain (include duration):

Has the child received special medical tests or treatments? Yes No If yes, please explain (include duration):

Will the results be available to Spring Garden? Yes No If no, please explain:

Name of school presently attending: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Names of all schools attended prior to present school \_\_\_\_\_

Does the child currently have an I.E.P.? \_\_\_\_\_

Is there anything you feel is pertinent to your child's biography that has not been covered above? (e.g. special interests or abilities, physical characteristics and behavioral, medical or emotional problems to overcome, academic strength, and weaknesses).

If you are transferring your child, you may wish to include your reasons for doing so. Please continue on another sheet of paper if needed

What are you hoping to find in this education for your child?

Spring Garden Waldorf School is a non-profit, non-discriminatory educational organization, welcoming children from preschool through grade eight of all races, religions and national origins. Spring Garden Waldorf School is chartered in the State of Ohio.

**A non-refundable application fee of \$70.00 is required upon submission of this application.**

**Application and fee (payable to SGWS) may be mailed to:**

**Spring Garden Waldorf School**

**1791 South Jacoby Road**

**Copley, Ohio 44321**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date