

Cedar Springs Waldorf School  
Parent-Toddler/Infant Application  
*Please return to office prior to attending class.*

School Year: \_\_\_\_\_

***Please check all sections that you plan to attend:***

**Parent Child:**      **Section I** \_\_\_\_\_      **(September - January)**  
                                 **Section II** \_\_\_\_\_      **(January - May)**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ E Mail address \_\_\_\_\_

Mother/Guardian's occupation \_\_\_\_\_

Father/Guardian's occupation \_\_\_\_\_

Siblings _____	Age _____	School currently attending _____
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How did you hear about Waldorf education?

What are your hopes for this class and your child's education?

## **Child Health History**

Please describe your pregnancy and delivery.

Was your child breastfed? If so, how long?

Any childhood illnesses? If so, please describe.

Any medical, dietary allergies or health conditions? Please describe.

*Developmental stages – list the age of your child when the stage was mastered:*

Crawling\_\_\_\_\_ Walking\_\_\_\_\_

Speech\_\_\_\_\_

*Media : how many hours per day does the child watch or play games:*

Computer\_\_\_\_\_ Video/DVD\_\_\_\_\_

Television\_\_\_\_\_ Video games\_\_\_\_\_

In a paragraph, please give a written picture of your child. Include his or her physical characteristics and temperament, special interests and how he or she interacts with other children and adults.

Do you have any questions for us?

Signature of Mother/guardian \_\_\_\_\_

Signature of Father/guardian \_\_\_\_\_

Please return this application along with a photograph of your child and a \$50 deposit to secure a place in the program.

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Office use only: Date application received \_\_\_\_\_

Amount received \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Account billed \_\_\_\_\_

Date paid in full Session I \_\_\_\_\_ Session II \_\_\_\_\_