

Cedar Springs Waldorf School
Parent-Child Application

Please return to office prior to attending class.

School Year: 2010-2011

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

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.

Office use only: Date application received _____

Amount received \$ _____ Check # _____

Date Account billed _____

Date paid in full Session I _____ Session II _____