



1395 BRIDGETON HILL ROAD • UPPER BLACK EDDY, PENNSYLVANIA 18972
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ENROLLMENT APPLICATION: Grade School Programs

*Please complete this enrollment application thoroughly and return to the school with an application fee of \$40.00.
Make all checks payable to River Valley Waldorf School or RVWS.*

For the school year beginning _____ Today's date _____

Child's Name _____ Birth date _____ Female Male

Address _____

Phone _____ Child resides with _____

We are interested in enrolling our child in:

First Grade Third Grade Fifth Grade Seventh Grade

Second Grade Fourth Grade Sixth Grade Eighth Grade

Parent/Guardian's Name _____

Birth date _____ Home phone _____

Address _____

Business phone _____ Email address _____

Education _____ Vocation _____

Skills and Interests _____

What gifts and skills would you be willing to share with our school community? _____

Parent/Guardian's Name _____

Birth date _____ Home phone _____

Address _____

Business phone _____ Email address _____

Education _____ Vocation _____

Skills and Interests _____

What gifts and skills would you be willing to share with our school community? _____

The following questions are more personal in nature and will give us greater insight into your child. Please answer them as completely as possible. Feel free to attach additional sheets if more space is needed.

Parent's marital status _____ Custodial visitation arrangements (if any) _____

With whom does the child live? Please give name and relationship of all adults/children living in the household on a full or part-time basis. _____

Sibling's names (if any) and birth dates _____

What school do they attend? _____

Describe your pregnancy and childbirth. _____

At what age did your child first crawl? _____ At what age did your child first walk? _____

When did your child cut his/her first tooth? _____ At what age did your child first talk? _____

Does your child have any difficulty seeing, hearing, walking, speaking? Other? _____

Is your child currently under the care of a health practitioner for any condition? If so, please explain. _____

List any medications your child is currently taking, what they are treating, and if there are any side-effects that you have observed. _____

Please list all allergies (food, medicines, animals, environment, etc.). _____

Is there any special diet to which your family or child adheres? If so, please describe. _____

Please list your child's outstanding illnesses or broken bones. _____

Please describe any significant physical or emotional changes that your child has experienced (dates are helpful). _____

Please describe your child's daily schedule. _____

Present regular bed time _____ Present arising time _____

Does your child... Awake on his/her own? Have to be awakened?

How often does your child go to the movies? _____ Watch videos? _____

Have computer time? _____

What is the average amount of time your child spends viewing TV weekdays? _____ Weekends? _____

What are your views on television and video viewing / computer use for your children? _____

If your child has had previous preschool, day care or school experiences, please answer the following questions:

Name of last school attended _____

Mailing address _____ Phone number _____

Dates attended _____

Reason for leaving _____

Foreign language experience (if any) _____

In what, if any, regular clubs, lessons or activities does your child participate? _____

Have any of the following ever been recommended for your child?

Testing for learning differences Psychological testing or counseling Testing regarding any behavioral problems

What was the follow-up? _____

Please attach copies of all test results/reports.

Why have you chosen to apply to The River Valley Waldorf School? _____

What are your expectations for your child's education? _____

What do you consider to be your child's strongest aptitudes and traits of character? _____

What traits do you wish to see strengthened? _____

As a teacher, one wants to be sensitive to a family's religious background. How does religion or spirituality play a role in your family life (optional)? _____

What is your background knowledge of Waldorf Education and Rudolf Steiner? _____

Please share any other information you feel would be helpful and important. _____

We acknowledge that this information is complete and correct. We have attended an Observation Morning, Information Evening or have had an individual tour of the school. If only one parent attended, we have discussed together the unique aspects of Waldorf education. We are aware of The River Valley Waldorf School's position with reference to children and the media. (Please call if you need clarification.)

Signature of Parent or Guardian

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