

**ENROLLMENT APPLICATION  
EARLY CHILDHOOD PROGRAMS**

For the school year beginning \_\_\_\_\_ Today's date: \_\_\_\_\_

*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.*

**General Information:**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Child resides with: \_\_\_\_\_

**2-day**  
2 3/4 yrs – 3 3/4 yrs

**3-day**  
2 3/4 yrs – 4 yrs

**4-day**  
2 3/4 yrs – 5 yrs 2 months

**5-day**  
2 3/4 yrs – 6 yrs

*Please refer to program description materials for further information on class requirements and details.*

Parent/Guardian's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell 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: \_\_\_\_\_

Cell 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 & relationship of all adults/children living in the household on a full or part-time basis: \_\_\_\_\_

Sibling's names (if any) & 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  must 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 and telephone 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  
Please attach copies of all test results/reports.  Testing regarding any behavioral problems

What was the follow-up? \_\_\_\_\_  
\_\_\_\_\_

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 & 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:

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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.)

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Signature of Parent or Guardian

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Signature of Parent or Guardian

***A non-refundable application fee of \$40.00 must accompany this application. Please make all checks payable to the River Valley Waldorf School or RVWS.***