



## Nursery School Application

Requested date of entry: \_\_\_\_\_ or ASAP

Preferred Program days (i.e. 2, 3, or 5 days, indicate days) \_\_\_\_\_

The Waldorf School of Bend admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

### Student

Child's Full Legal Name: \_\_\_\_\_  Male  Female

Child's Preferred Name: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

### Parent/Guardian 1

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

How familiar are you with Waldorf education? \_\_\_\_\_

How did you hear about the Waldorf School of Bend? \_\_\_\_\_

Why have you brought your child to the Waldorf School of Bend? What would you like to see your child receives from his/her school experience? \_\_\_\_\_

### Family Relationships

With whom does the child live? (Name and relationship; describe the child's daily living arrangement) \_\_\_\_\_

Siblings (name, age, grade, school) \_\_\_\_\_

Any pets? If yes, type of pet \_\_\_\_\_

Are other adults residing in the home that your student resides in? (Please explain) \_\_\_\_\_

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**School/Academic History** (If your child has not attended any other school please indicate not applicable (N/A)).

Has your child attended previous daycare programs? If so, please describe your experience. \_\_\_\_\_

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Activities your child is interested in (favorite games, toys, and things to do):

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Describe the child's social behavior with peers:

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Does your child have any learning challenges that you are aware of? \_\_\_\_\_ If so, please describe \_\_\_\_\_

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The Waldorf School of Bend has permission to contact (name of child) \_\_\_\_\_'s previous schools, teachers, physicians and counselors.

**Health and Home Life Profile**

Any special/medical needs? \_\_\_\_\_

Any previous medical history? \_\_\_\_\_ If so, please describe \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ For what condition? \_\_\_\_\_

When did your child begin crawling? \_\_\_\_\_ Was there anything unusual in his/her crawl? \_\_\_\_\_

When did your child begin to walk? \_\_\_\_\_ Talk? \_\_\_\_\_

Has your child had any serious injuries, accidents, or surgery? \_\_\_\_\_ If so, please describe briefly: \_\_\_\_\_

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Does your child have allergies? \_\_\_\_\_ Please describe: \_\_\_\_\_

Does your child have any special needs or fears? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

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What time is your child's bedtime on weekdays? \_\_\_\_\_ On weekends? \_\_\_\_\_

Does your child have any trouble falling asleep? \_\_\_\_\_ Does your child sleep in his/her own bed? \_\_\_\_\_

All night? \_\_\_\_\_ Does your child wet the bed? \_\_\_\_\_ Is your child potty trained? \_\_\_\_\_

What kinds of activities does your family enjoy together? \_\_\_\_\_

If age-appropriate alternatives were suggested to media consumption, would you have any difficulty limiting or eliminating television and video viewing, movie-going, video game playing or computer time for your child? Please explain your answer: \_\_\_\_\_

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Does your child use a computer or video games? \_\_\_\_\_ How often? \_\_\_\_\_ For how long? \_\_\_\_\_

Does your child watch television or videos? \_\_\_\_\_ When? \_\_\_\_\_ How often and for how long? \_\_\_\_\_

How regular or rhythmic is your child's home life? (meals, bedtime, story time, chores, baths, etc.) \_\_\_\_\_

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What is your child's daily schedule \_\_\_\_\_

2019-2020

What is your child's sleeping routine?

\_\_\_\_\_

What meals do you share as a family? \_\_\_\_\_ Any special diet? \_\_\_\_\_

We will not be providing bottles but milk can be provided by the family in a sippy cup. What kind of milk or liquids does your child drink? \_\_\_\_\_

Describe your child's relationship with their sibling's \_\_\_\_\_

\_\_\_\_\_

Describe what you do when your child does not meet your standard of behavior: \_\_\_\_\_

\_\_\_\_\_

How do you comfort your child when he or she is upset? \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

Does your child say any words? If so, what are they? \_\_\_\_\_

Any information that might be important or helpful to caregivers? \_\_\_\_\_

In a paragraph, please try to give a picture of your child: his or her interests, strengths, challenges, tendencies, outstanding characteristics, etc. (if necessary, please write on a separate piece of paper):

Who will sign the enrollment contract (tuition agreement) and be responsible for payment of tuition and fees?

Name: \_\_\_\_\_

Address (if not parent): \_\_\_\_\_

Name: \_\_\_\_\_

Address (if not parent): \_\_\_\_\_

Is there a custody arrangement or court order in force regarding this child?  Yes  No

***All information will be kept confidential. We require signatures of both parents/guardians (if applicable) below:***

I/We understand that

- All financial arrangements for tuition payments will be made through the Business Office
- The \$50 application fee is due with application and is non-refundable
- This application is valid only for the year noted

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

***Thank you for your interest in the Waldorf School of Bend. When you complete and return this application with your \$50 non-refundable application fee, you will receive a confirmation call from our Admissions Director.***

Admin Use Only:
Application Fee paid date _____
WSB initials _____