

# Eugene Waldorf School

## Application for Interview for Early Childhood Programs

*Thank you for your interest in the Eugene Waldorf School. Please complete and return the following application; having this preliminary information gives focus to the interview time. Upon our receipt of your application and a \$50 non-refundable application fee, you will be contacted to arrange a time for an interview. We invite both parents and the child to be present at that meeting.*

Applying for Academic Year: 20\_\_\_\_ - 20\_\_\_\_ Grade: \_\_\_\_\_ Days per week: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Full Name of Child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F  
last name first name (circle one)

### Family Picture

1) Parent/Guardian's Full Name: \_\_\_\_\_ Email : \_\_\_\_\_  
last name first name

Relationship to Child: \_\_\_\_\_ Occupation : \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Type: (circle one) cell home work cell home work

2) Parent/Guardian's Full Name: \_\_\_\_\_ Email : \_\_\_\_\_  
last name first name

Relationship to Child: \_\_\_\_\_ Occupation : \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Type: (circle one) cell home work cell home work

If your child does not live with both parents, please describe the child's living situation; include custodial and visitation arrangements and other adults living in the home: \_\_\_\_\_

Please list the names, ages, and gender of other children in the family:

\_\_\_\_\_  
\_\_\_\_\_

Languages spoken in the home: \_\_\_\_\_

Is there anything you would like to add to the family picture? \_\_\_\_\_

How long have you lived in this area? \_\_\_\_\_

Religious or spiritual affiliation: \_\_\_\_\_

How did you learn about the Eugene Waldorf School? \_\_\_\_\_

What is your familiarity with Waldorf Education? \_\_\_\_\_

Have you read any books or attended workshops or lectures about Waldorf Education? If so, please list: \_\_\_\_\_

\_\_\_\_\_

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## Activities and Schools

What are the activities enjoyed most by your child? \_\_\_\_\_

\_\_\_\_\_

Previous schools/daycare facilities attended: Name, address, dates and reason for transfer:

\_\_\_\_\_

\_\_\_\_\_

Name of most recent teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child ever undergone psychological, developmental, or educational testing or treatment? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

\_\_\_\_\_ Where: \_\_\_\_\_

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

\_\_\_\_\_

Is there anything you would like to add about activities and schooling? \_\_\_\_\_

\_\_\_\_\_

## Child's Early History

*Events in children's earliest years can have both subtle and profound effects on their later life. While some of the following questions may not seem to apply to your child's current situation, they are designed to bring parents and teachers together in forming the broadest possible picture of your child's development and daily life.*

What was your child's approximate birth weight? \_\_\_\_\_ Bottle or breast fed? How long? \_\_\_\_\_

Begin crawling? \_\_\_\_\_ When did your child begin to walk? \_\_\_\_\_ Complete toilet training? \_\_\_\_\_

Was your child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_ Does your child know? \_\_\_\_\_

Describe language development: (e.g. age of first words, sentences) \_\_\_\_\_

\_\_\_\_\_

Have you moved during the child's life? How many times and what age was the child? \_\_\_\_\_

\_\_\_\_\_

Have there been other significant caregivers of the child besides the parents since birth? Describe. \_\_\_\_\_

\_\_\_\_\_

Was there any early psychological or physical trauma your child experienced? If so, please describe \_\_\_\_\_

\_\_\_\_\_

Is there anything you would like to add about your child's history? \_\_\_\_\_

\_\_\_\_\_

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Parent's Evaluation of Child's Health

Does your child have any health problems of which we should be aware (e.g. asthma, frequent fevers of 102+, common nosebleeds?) \_\_\_\_\_  
\_\_\_\_\_

Any relevant family medical history: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any other physical characteristics that might require special attention? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Specify any diet restrictions: (sugar, meat, dairy) \_\_\_\_\_

Describe the child's diet and eating habits (picky, eager, etc.) from birth to present: \_\_\_\_\_  
\_\_\_\_\_

*Please indicate the illnesses your child has had, and at what age:* Chicken pox \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Ear infections \_\_\_\_\_ Seizures \_\_\_\_\_

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

Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Any life threatening allergies/conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_

Has your child had a medical check up? If so, when and where? \_\_\_\_\_

A hearing and/or a vision exam? \_\_\_\_\_

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

Is there anything you would like to add about your child's health? \_\_\_\_\_  
\_\_\_\_\_

Home Life

Describe your child's rhythm: (meals, bedtime, story time, chores, baths, etc.) \_\_\_\_\_  
\_\_\_\_\_

What meals do you share as a family? \_\_\_\_\_

What is your child's bedtime on weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_ Does your child wet the bed? \_\_\_\_\_

Does your child have any trouble falling or staying asleep? \_\_\_\_\_

How does your child wake up in the morning? \_\_\_\_\_

What kind of music do you and your child listen to at home? \_\_\_\_\_

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Average hours of radio/recorded music listening on weekdays \_\_\_\_\_ Weekends? \_\_\_\_\_

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

Average hours of television and/or DVD/video viewing on weekdays \_\_\_\_\_ Weekends? \_\_\_\_\_

If age-appropriate alternatives were suggested, 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:

\_\_\_\_\_  
\_\_\_\_\_

Describe your child's play: (activities inside and outside, social interactions with family and peers): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In a paragraph, please try to give a picture of your child: his or her interests, strengths, tendencies, outstanding characteristics, etc. Use a separate sheet if needed.

Do you have any questions regarding the Waldorf curriculum or the Eugene Waldorf School? \_\_\_\_\_

\_\_\_\_\_

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

*All information will be kept confidential. We require signatures of both parents below:*

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

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

Please return to: Eugene Waldorf School, 1350 McLean Blvd., Eugene, OR 97405-1998  
(541) 683-6951 EugeneWaldorf.org

*The Eugene Waldorf School is an independent, nonprofit, nondiscriminatory school.*

DATE & INITIAL EACH:

**FOR OFFICE USE ONLY**

App. rcv'd.: \_\_\_\_\_ Confirmed: \_\_\_\_\_ Pd: \_\_\_\_\_ TA rcv'd: \_\_\_\_\_ Copied: \_\_\_\_\_ Logged: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Accepted: Y N; Enroll. Pkt. Sent: \_\_\_\_\_ Notes: \_\_\_\_\_