

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 X F
last name first name

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: _____