



# Waldorf School

at Moraine Farm

## ADMISSION APPLICATION EARLY CHILDHOOD

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
First Middle Last Preferred

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

Male Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Female (Mo/Day/Yr)  
Proposed Entrance: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Applying for: \_\_\_\_\_ Nursery: 2-day (M, Tu), 3-day (W-F), or 5-day  
Kindergarten: 4-day (M-Th) or 5-day  
Aftercare: until 2:30 until 5:30

### FAMILY INFORMATION

Parent/Guardian 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home address: \_\_\_\_\_  
(If different from applicant)

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Community Activities (Volunteer, Board, Service, etc.): \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Home address: \_\_\_\_\_

(If different from applicant)

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Community Activities (Volunteer, Board, Service, etc.): \_\_\_\_\_

If necessary, please clarify custody, living and visitation arrangements: \_\_\_\_\_

### EDUCATION

Does your child have previous group experience?  Yes  No

Current School Name: \_\_\_\_\_  Independent/Private  Waldorf  
 Public

Dates of Attendance: \_\_\_\_\_

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

School Phone: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

Other schools attended in the past three years:

Name	City	State	Dates of Attendance

### GENERAL INFORMATION

Applicant lives with:	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Both	<input type="checkbox"/> Other
Where should materials be mailed:	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Both	<input type="checkbox"/> Other
Check all that apply:	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Parent 1 Deceased	<input type="checkbox"/> Parent 2 Deceased

First language, other than English \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Please list names of Applicant's brothers and sisters, their ages, schools now attending and their grade/year in school:

Name	Age	School	Grade/Year

Please list names of relatives who have attended Waldorf School at Moraine Farm:

Name	Year Graduated	Relationship

Federal tax reporting requirements for non-profit organizations such as Waldorf School at Moraine Farm mandate that we maintain a record of the racial composition of our students and faculty. In order to comply with this requirement, would you kindly fill in the following information:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

- White
- Black or African-American, not of Hispanic or Latino origin
- American Indian or Alaska native, not of Hispanic or Latino origin
- Asian, not of Hispanic or Latino origin
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander, not of Hispanic or Latino origin
- Two or more races, not of Hispanic or Latino origin
- Other \_\_\_\_\_

**PARENT QUESTIONNAIRE**

How did you first learn about Waldorf School at Moraine Farm?

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Are you acquainted with members (current or former) in the school community? If so, whom?

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Please explain why you are interested in Waldorf School at Moraine Farm. Mention any books you've read or events you've attended.

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Which other schools are you seriously considering?

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What would you like to see your child receive from his/her school experience?

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Please describe your child in terms of his or her interests, temperament, strong likes, dislikes, favorite activities, toys, etc.

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Please describe your family routines (how your child spends a typical day from waking until bedtime).

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Has your child been weaned? \_\_\_\_\_ Has your child been toilet trained? \_\_\_\_\_

Please describe your child’s activities and experience outside the home (babysitter, play group, playmates, grandparents, etc.). \_\_\_\_\_

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How often does your child watch TV/videos, use the computer or other forms of screen media?

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Please describe your child’s developmental milestones (such as crawling, standing, walking, talking, loss of teeth).

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Are any medications given to the child regularly:  Yes  No

If yes, please describe which medications(s) and for which conditions(s).

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Has your child ever had educational or psychological testing and/or early intervention? \_\_\_\_\_

If yes, please provide records with application along with school records release form on our web site.

Does your child have any physical, emotional, or academic issues that her/his teachers should be aware of? Please include allergies, learning issues, speech problems, developmental delays, etc. List any previous and current therapies.

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Tuition adjustments are available for families who qualify based on financial circumstances. Will you be applying for a tuition adjustment?

Yes       No

**Waldorf School at Moraine Farm does not discriminate against children or their families on the basis of race, color, gender, sexual orientation, marital status, religion, national or ethnic origin, or financial status in its admissions process.**

*A non-refundable application fee of \$50 must accompany this applicant. Please enclose a check or money order payable to Waldorf School at Moraine Farm. A separate application for each child is needed.*

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Signature of parent or guardian

Date

Revised 01-10-17