

# Davis Waldorf School

3100 Sycamore Lane • Davis, CA 95616 • (530) 753-1651

## KINDERGARTEN APPLICATION

Please complete application, attach a recent photo of your child and submit with a \$50 application fee.

Child's Full Name: \_\_\_\_\_

Name or nickname child prefers: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language \_\_\_ English \_\_\_ Bilingual \_\_\_ Non English Speaker

Preferred Start Date \_\_\_\_\_ or \_\_\_ ASAP

### PARENT/GUARDIAN INFORMATION

Are you a current parent at Davis Waldorf? \_\_\_\_\_ Have you been on a tour of the school? \_\_\_\_\_

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

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

Relationship to Applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

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

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

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

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

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

Phone (Home) \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

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

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

### MOST RECENT SCHOOL/CHILDCARE PROGRAM

Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

School phone number or teacher contact number: \_\_\_\_\_

*I give permission to the Davis Waldorf School to speak with my child's previous teacher*

Signed: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH INFORMATION

1. Please describe your child's overall health (including if there are frequent: colds, headaches, nosebleeds, fevers, respiratory illnesses, etc.): \_\_\_\_\_  
\_\_\_\_\_
2. Can your child participate in all routine physical activities? Yes / No If no, please describe any physical challenges:  
\_\_\_\_\_
3. Please list any food, drug, or environmental allergies: \_\_\_\_\_  
\_\_\_\_\_
4. Please list any current medications, supplements, and/or treatments, and why prescribed: \_\_\_\_\_  
\_\_\_\_\_
5. Please describe any medical conditions or physical issues your child has (e.g. vision, hearing, speech, movement, sensory integration, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please describe any serious falls or injuries: \_\_\_\_\_  
\_\_\_\_\_
7. Please list the approximate date of your child's most recent:  
Medical check-up: \_\_\_\_\_ Dental check-up: \_\_\_\_\_  
Immunizations: \_\_\_\_\_ When did child lose first their tooth? \_\_\_\_\_  
Vision check-up: \_\_\_\_\_ Hearing check-up: \_\_\_\_\_  
Does child require eyeglasses? Yes No Does child require hearing aid? Yes No
8. Is your child right or left-handed? \_\_\_\_\_
9. Has your child had educational testing, evaluation, or assessment, or has it ever been recommended?  
Yes No If yes, please include a copy of the report or reason why it was not completed.

## SOCIAL HISTORY

1. Please describe your child's general disposition or temperament, including observations, insights, or concerns:

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2. Please list all previous school(s), preschools, or childcare centers your child has attended: \_\_\_\_\_

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3. Describe child's play group experiences (daycare, play groups, etc., what, where and how long), including strengths and challenges: \_\_\_\_\_

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4. Please describe any learning or behavioral challenges that you or others may have observed:

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5. Please describe your child's social interaction with his/her peers: \_\_\_\_\_

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6. Please describe your child's interests and activities outside school (classes, hobbies, sports, entertainment, etc.):

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7. Average daily hours of TV: \_\_\_\_\_ DVDs: \_\_\_\_\_ Radio: \_\_\_\_\_ Computer \_\_\_\_\_ Other Electronics\* \_\_\_\_\_

Hours of weekend TV: \_\_\_\_\_ DVDs: \_\_\_\_\_ Radio: \_\_\_\_\_ Computer \_\_\_\_\_ Other Electronics\* \_\_\_\_\_

\* Cell Phone, ipad, ipod, games, etc.

## FAMILY LIFE AND EMOTIONAL DEVELOPMENT

1. With whom does the student live? Please describe your child's living arrangement:

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2. Please describe your child's daily chores:

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3. Please describe your child's daily routine, including times, for meals and bedtime:

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4. Describe any emotional challenges that you or others may have observed:

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5. Does your child still nap, and if not, when did he/she stop napping? \_\_\_\_\_

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6. Our aftercare program includes a rest time. Do you anticipate needing after-school care? \_\_\_\_\_

7. Please list sisters and brothers (name, age, grade in school, name of school):

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8. Please describe your child's relationship with his/her sibling(s):

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9. Please describe how you discipline your child at home.

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10. Has your child suffered any emotional or social trauma, i.e., death in the family? If so, please describe.

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## DEVELOPMENTAL HISTORY

We, at the Davis Waldorf School, take very seriously our role in contributing to your child's growth. The following information, though it may be very sensitive, is crucial in giving us the understanding we need to better serve your child and your family. We appreciate that it may take extra time to research your records to provide this information. **If you have already filled out this form on the DWS Preschool Application, please only add any new information. We can provide you with copies of your DWS Preschool Application upon request.**

Child's full name: \_\_\_\_\_

Meaning of child's name? \_\_\_\_\_

Birth date: \_\_\_\_\_

Describe the pregnancy: \_\_\_\_\_

\_\_\_\_\_

Describe the labor and birth: \_\_\_\_\_

\_\_\_\_\_

Did your child creep (strenuous attempt at crawling), and if so, beginning when and for how long? \_\_\_\_\_

\_\_\_\_\_

Did your child crawl, and if so, beginning when and for how long? \_\_\_\_\_

\_\_\_\_\_

Did your child use a walker, swing or other baby equipment? \_\_\_\_\_

When did your child first walk? \_\_\_\_\_

Age when child spoke: First Words \_\_\_\_\_ First Phrases \_\_\_\_\_ First Sentences \_\_\_\_\_

Nursed, bottle fed, or both and for how long? \_\_\_\_\_

Describe weaning process: \_\_\_\_\_

Describe toilet training: \_\_\_\_\_

Does your child have a dry bed? \_\_\_\_\_

Please describe your child's sleeping and waking behavior (e.g. how easily they fall asleep, how well they sleep through the night and how quickly they wake up): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's food preferences? \_\_\_\_\_

\_\_\_\_\_

## APPLICATION

1. Please give your reasons for applying to the Davis Waldorf School. What are your hopes and expectations for your child's educational experience?

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2. How long do you plan on having your child attend Davis Waldorf School?

Through      Pre-K    K    1    2    3    4    5    6    7    8    (please circle or check)

3. What is your familiarity with Waldorf education? \_\_\_\_\_

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4. How did you hear about the Davis Waldorf School? \_\_\_\_\_

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5. What is it about Waldorf education and curriculum that you value most? \_\_\_\_\_

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6. Do you have any concerns about the Waldorf methodology? \_\_\_\_\_

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7. Please list any questions you may have for the teacher: \_\_\_\_\_

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8. Please list who will sign the enrollment agreement and be responsible for payment of tuition and other school costs:

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

Phone #: \_\_\_\_\_

*I/We understand that all financial arrangements for tuition payments will be made through the administrative office, and that the \$50.00 application fee is non-refundable.*

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

"The Davis Waldorf School admits students, welcomes families and does not discriminate on the basis of any race, color, religion, familial status, sexual orientation, physical or mental disability, pregnancy, national origin, ancestry, and gender identity to all the rights, privileges, programs and activities generally accorded or made available to students and their families in the school.

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**(530) 753-1651**

**Confidential Student Evaluation Form for Kindergarten**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Last First month/date/year

**To the parent/guardian:** Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to the school listed above.

*For the child named above, I give permission for you to release the information on this form to the school listed above. I understand that I will not have access to this confidential information.*

Name of child's parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of child's parent/guardian \_\_\_\_\_

**To the teacher:** We sincerely appreciate your cooperation in helping to evaluate this child and assure you that this information will be held in confidence. Please be sure the parent has signed above.

1. Does the child enjoy circle time?

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

2. What are the child's favorite things to do during the day?

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

3. How does the child enter the room (demeanor; interest in play)?

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

4. Please share anything else we should know about the child.

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

Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Your name (please print) \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_