

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 Gender _____

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:

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

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

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

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

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

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:

2. Please describe your child's daily chores:

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

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

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

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):

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

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

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

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?

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? _____

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

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

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

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

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.

Confidential Student Evaluation Form
 For Students Applying to Kindergarten and First Grade



Davis Waldorf School
 Inspired Learning for the Whole Child

To the teacher: _____ (Child's name) has applied to the Davis Waldorf School for the upcoming school year. Your comments will help us in our consideration of this child for our school. We sincerely appreciate your cooperation and assure you that this information will be held in confidence. Please return to Davis Waldorf School, 3100 Sycamore Lane, Davis CA 95616 or enrollment@daviswaldorf.org

To the parent/guardian: Print your child's name above and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to Davis Waldorf School.

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 _____

How long have you known this child? _____ In what class is this child currently enrolled? _____

How many days per week? _____ Hours per day? _____ Number of students in the class? _____

	Strong	Age-appropriate	Emerging	Not Yet Evident	Comments
SELF SUFFICIENCY					
Puts on own coat, zip/buttons and ties shoes					
eats in a tidy way					
cares for self and belongings					
seeks adult help when necessary					
fully toilet-trained					
tries to solve problems creatively					
cope with frustration					
ATTENTION					
focus on self-initiated activity					
focus on teacher-directed activity					
listens to a verbal story					
initiates self-directed play					
COMMUNICATION / SOCIAL SKILLS					
expresses needs to adults					
uses four- to six-word sentences					
respectful of others					
cooperative					
follows teacher's directions					
shows caring for others					

	Strong	Age-appropriate	Emerging	Not Yet Evident	Comments
can take turns and share					
can play independently					
able to play imaginatively					
able to delay gratification					
able to resolve conflicts					
able to transition with the group					
shows creativity and inventiveness					
able to sustain play					
uses materials purposefully/respectfully					
capacity to form friendships					
is eager and curious					
is flexible with change					
is self-confident					
relates to recent experiences					
follows rules					
LARGE MOVEMENT ABILITY					
aware of self in space					
walks a balance beam					
crosses monkey bars					
pumps a swing					
follows large movements in circle					
ABILITY IN FINE MOVEMENT					
forms in drawing are					
modeling skills are					
able to do finger plays					
hand-position with crayon/paintbrush					

Would you recommend any assessments for the future? _____

Please describe parents' relationship with faculty/administration _____

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 _____