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The Waldorf School of Santa Barbara
P.O. Box 788 . Goleta, California 93116
Tel: 805.967-6656 Fax: 805.696.6228
www.waldorfsantabarbara.org

Application

Child's Full Name _____ Date _____

Birthdate _____ (mm/dd/yy) Sex ____ Current Grade _____ Grade in 2007-08 _____

Parent/Guardian 1

Parent/Guardian 2

Name _____

Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Occupation _____

Occupation _____

Employer _____

Employer _____

_____ Home Phone _____ Work Phone _____

_____ Home Phone _____ Work Phone _____

_____ Cell Phone _____ Email _____

_____ Cell Phone _____ Email _____

Child's current and previous school(s) and/or childcare experiences:

Name of Facility	Address	Phone Number	Dates/Grades of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current teacher's name and phone number: _____

I hereby give The Waldorf School of Santa Barbara permission to phone and/or request records from my child's previous/current school and/or childcare provider.

Signature _____

Date _____

PLEASE ENCLOSE A \$75 PER FAMILY NON-REFUNDABLE APPLICATION FEE

Date Application/Fee Rec'd _____ Check No. _____ Date Book Sent _____

Date of Acceptance _____ Date/Amt. Reg. Fee Paid _____ Check No. _____

WTG. _____ OH _____ Interview _____ FM _____ Start Date _____

How did you hear about us? _____

Interview Questions

Your family will be interviewed by the teachers. Your answers to the questions below will be helpful in preparing for the interview. Your answers may be brief since you will have the opportunity to elaborate in the interview.

Please describe the following details about your child:

Physical characteristics, temperament: _____

School / social experience to date: _____

Medical or health concerns or conditions: _____

Emotional concerns or conditions: _____

If child does not live with both parents/guardians, please describe child's living situation _____

Names and ages of siblings: _____

What are you hoping to find in this education for your child and are there any questions you would like addressed at the interview? _____

Medical History:

Adopted _____ Pregnancy was: Easy _____ Average _____ Difficult _____

Comments: _____

Condition at birth: _____

Duration of labor: _____ Birth weight: _____

Type of delivery: _____

Injuries, bruises, deformity of head: _____

Breathing difficulties: _____ Feeding difficulties: _____

Breast-fed: _____ How long? _____

In incubator or ICU isolette: _____ How long? _____

Jaundice or anoxia: _____ Other significant conditions: _____

Childhood illnesses (give type, age and severity): _____

Childhood hospitalization: _____

Ear problems:

Eye Infections (give frequency and severity): _____

How many before age 5? _____ Has hearing been checked by a physician? _____ When? _____

Eye problems:

Eye infections? _____ Wears glasses? _____ Since when? _____

Has vision been checked by physician? _____ When? _____

Allergies:

Food (give type): _____ Environmental elements: _____

Other: _____

Symptoms: _____ Frequency: _____

Does your child take any medication? _____ If so, what kind? _____

What is the dosage? _____ How long has your child been on this medication? _____

Comments: _____

Development History

Easy or difficult baby: _____

Comments: _____

Did development seem average, slow, or advanced? _____

At what age did your child:

Turn over? _____ Sit alone? _____ Crawl? _____ Walk alone? _____

Begin feeding self? _____ Toilet trained? _____ Sleep through the night? _____

Say single words? _____ Say sentences? _____

Please describe any difficulties with the above: _____

First language learned: _____ Contact with foreign language: _____ If so, which? _____

Hand preference: _____ Right/Left/Both: _____ Did adults influence choice? _____

Can your child:

Ride a bicycle? _____ Jump rope? _____ Skate? _____ Skip? _____ Swim? _____ Throw & catch a ball? _____

Child's hobbies: _____

Comments: _____

What activities do you encourage your child to pursue?

Musical: _____ Religious: _____ Academic: _____ Sports: _____ Artistic: _____ Mechanical: _____ Other: _____

Comments: _____
