

# Davis Waldorf School

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

## Pre-School Application for Interview For School Year \_\_\_\_\_

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

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

How did you hear about the Davis Waldorf School: \_\_\_\_\_

Are you a current parent at Davis Waldorf? \_\_\_\_\_

Days of the week to attend *as space allows*: \_\_\_\_\_ 5 days \_\_\_\_\_ 4 days M, T, Th, F  
\_\_\_\_\_ 3 days M, T, W \_\_\_\_\_ 3 days W, Th, F  
\_\_\_\_\_ 2 days M, T \_\_\_\_\_ 2 days Th, F

### Parent/Guardian Information

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Most recent school/child care 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: \_\_\_\_\_

## **A. Family Life**

1. Does your child live with both parents?                      If no, please describe:
  
2. Does your child have other siblings?                      If yes, please give names and dates of birth.
  
3. Please describe your child's relationship with his/her siblings:
  
  
  
  
  
  
  
  
  
  
4. Generally, what is your child's daily routine around wake up time, meals, bedtime, etc? How much sleep does your child get each day?

## **B. Physical Development**

1. Please describe your pregnancy and your child's birth.
  
  
  
  
  
  
  
  
  
  
2. At what age did your child first crawl, walk, talk?
  
  
  
  
  
  
  
  
  
  
3. Did you nurse your child? How long?
  
  
  
  
  
  
  
  
  
  
4. Has your child had a physical exam within the last year?  
Were there any concerns the teacher should be aware of?  
What illnesses has your child had?  
Has your child had any memorable falls?
  
  
  
  
  
  
  
  
  
  
5. Has your child's eyesight and hearing been tested?                      If so, please give the date of the exam?
  
  
  
  
  
  
  
  
  
  
6. Is your child right or left handed?
  
  
  
  
  
  
  
  
  
  
7. Does your child have any environmental allergies?                      If so, what type?
  
  
  
  
  
  
  
  
  
  
8. Does your child have any allergies to medication or food that I should be aware of? If yes, please list all.

9. Is your child on any continuing medication? If so, please list the name and purpose of the medication:
10. Does your child contract colds easily?
11. Does your child have nosebleeds often?
12. Does your child get headaches?
13. Does your child run fevers when ill?
14. Does your child have respiratory weakness?
15. What immunizations has your child had?
16. Has your child gone to the dentist? If so, please give the date of the visit and list any dental problems:
17. Please list any strong preferences or dislikes your child has in food:
18. Can your child take part in routine physical activities?
19. Overall, would you consider the health of your child as excellent, very good, fair or poor? Please explain:
20. Does your child watch television, videos, movies or computers? If yes, how much per day?  
Per week?

### **C. Emotional Development**

1. Is there anything concerning your child's emotional development that you feel would be helpful for the teacher to know?
2. Please describe your child's social interactions with his/her peers.
3. Does your child have any habits unique to them?

**D. Waldorf Education Questions**

- 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 did you hear about the Davis Waldorf School?
  
- 3. What is it specifically about Waldorf education that you value most?
  
- 4. Do you have any concerns about the Waldorf methodology?

**E. Statement**

Please take this opportunity to write any observations, concerns, or insights you would like to share? Please include your child’s interests, talents and temperament.

*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. We ask that parents who share joint legal custody of the child both sign the application to indicate their willingness for the child to attend Davis Waldorf School.*

***Please attach a recent photo of your child to this application.***

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

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

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

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

***NON-DISCRIMINATION POLICY***

*The Davis Waldorf School admits students of any race, color, gender, national and ethnic origin or other characteristic protected by law to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, national and ethnic origin or other characteristic protected by law in administration of its educational policies, admissions policies, tuition assistance, athletic programs, and other school-administered programs.*