



## Kindergarten Application Form

**Thank you for your interest in Mulberry Waldorf School!** Please complete this Application Form to the best of your ability and with full disclosure. Having an understanding of a child’s background, both personal and educational, will allow us to assess their needs more accurately. It is also important for our Faculty to have a full picture of the student to determine whether we can meet their needs while continuing to meet the needs of the children currently enrolled in the class. The information contained in this document will remain strictly confidential. ***Please send this completed form to the Administrative Head in advance of your interview.***

Child’s Name: \_\_\_\_\_

Pronoun: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(MM/DD/YYYY)

Parent(s)’ Names: \_\_\_\_\_

Other members of the household: \_\_\_\_\_

Primary language: \_\_\_\_\_ Other languages: \_\_\_\_\_

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

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

STANDARD program (4 full days, Mondays through Thursdays)

HALF DAY option (Mondays through Thursdays)? \*This option does not offer the full Kindergarten curriculum and may be available only to children who are 4 years old.

Are you interested in Additional Care?

Friday Kinder Care (9:00 am to 3:30 pm)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE CARE (8:00-8:45am)*					
AFTER CARE (3:30-5:15pm)*					



At what age did your child:

Get baby teeth: \_\_\_\_\_ Sleep all night: \_\_\_\_\_ Sit: \_\_\_\_\_

Crawl: \_\_\_\_\_ Stand: \_\_\_\_\_ Walk: \_\_\_\_\_

Use words: \_\_\_\_\_ Use sentences: \_\_\_\_\_

Current toileting status: \_\_\_\_\_

\*Independent toileting is a requirement of our Kindergarten program.

Please share any observations/concerns and any assessments regarding:

Hearing:

Speech:

Eyesight:

Fine motor skills:

Gross motor skills:

Sensory issues (taste/smell/touch):

Coordination (falling):



Uprightness (trouble sitting, etc.):

Balance (coming to stillness):

Persistent Fears:

Please share any exceptionalities associated with your child's development and any follow up with your family physician. Please share any assessments and/or reports (e.g., Occupational Therapy, Speech Language Therapy, Psychoeducational Assessment).



Please share any medical conditions, dietary restrictions or allergies (celiac, anaphylaxis)?

Has your child experienced any physical or emotional trauma (including death of a loved one), serious accident, or operations early in his/her life? If yes, please share this information with dates.

Social experiences/programs:

A.How were your child's interactions with other children?



B. If your child has been in the care of another adult, were they able to ask for help and do they allow emotional and physical comforting?

Are there any challenges that you and your child are currently dealing with? Have there or will there be any changes to your home environment?

Does your child have extreme reactions or “triggers” (e.g., transitions, mealtimes, getting dressed)?



What is your approach to discipline?

Approximately how many hours per week does your child use any of the following?

T.V. \_\_\_\_\_ Computer \_\_\_\_\_

Video Games \_\_\_\_\_ Movies \_\_\_\_\_

Smartphone/Tablet \_\_\_\_\_

How did you hear about Mulberry Waldorf School?

***Thank you for taking the time to thoroughly complete this form.  
All the information in this document will be treated as strictly confidential.  
Please let us know if you have any questions about this form.***