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: ____

The CORE Kindergarten program is 4 full days (Mondays through Thursdays).

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)*					

****Extended care for Kindergarten is conditional on staffing and enrolment.***

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At what age did your child:

Get baby teeth:___________ Sleep all night:____________ Sit:_____________________

Crawl:___________________ Stand:___________________ Walk:___________________

Use words:_______________ Use sentences:___________ Become weaned:__________

Become toilet-trained: ______________________________

*Please note that independent toileting by the first day of school is a requirement.

Please indicate if your child has been assessed in any of the following. Please attach a copy.

- ☐ Psychoeducational Assessment
- ☐ Speech & Language Assessment
- ☐ Hearing
- ☐ Eyesight
- ☐ Occupational Therapy
- ☐ Pathways
- ☐ Sensory integration
- ☐ Other Community Organization

____

Have there been any exceptionalities (delays, challenges, or precociousness) associated with your child's development? Please explain.

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MULBERRY
WALDORF SCHOOL

Please record any concerns, observations, or pertinent information regarding (feel free to use back of page if necessary):

☐ Hearing	☐ Fine motor	☐ Balance (coming to stillness)
☐ Speech	☐ Gross motor	☐ Persistent Fears
☐ Eyesight	☐ Co-ordination (falling)	☐ Sensitivity to touch/textures
☐ Sense of taste and smell	☐ Uprightness (trouble sitting, etc.)	☐ Other ________________

Please indicate and explain any follow up with your family physician regarding these or other concerns.

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

Does your child have any medical dietary restrictions or allergies (celiac, anaphylaxis)? If so, please detail. Is your child on any medication? If so, what medications and for what condition?

How many hours does your child sleep without interruption each night? When is bedtime?

What group experiences/programs has your child attended? What was their experience? How were their interactions with other children?

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If your child has been in the care of another adult, how was the experience? Is your child able to ask for help? Does your child allow emotional and physical comforting from others?

Are there any challenges that you and your child are currently dealing with?

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

How much time does your child spend with each parent? Other care providers?

What is your approach to discipline?

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

T.V. _______________ Computer ________________________ Smartphone/Table _____________

Video Games __________________ Movies ___________________

Are any changes in your home environment anticipated in the next year?

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How do you anticipate your child will be on the first day/ in the first week of 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.

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