



Morning Garden Preschool 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: _____

- CORE PROGRAMS:** 2 mornings (Thursday/Friday) 2 full days (Thursday/Friday)
 3 mornings (Monday/Tuesday/Wednesday) 3 full days (Monday/Tuesday/Wednesday)
 5 mornings 5 full days

TAILORED PROGRAMS (Please note that spaces are limited. Please specify which mornings/full days you prefer):

***Extended Care is available with sufficient enrolment and staffing.**



At what age did your child:

Get baby teeth: _____ Sleep all night: _____ Sit: _____

Crawl: _____ Stand: _____ Walk: _____

Use words: _____ Use sentences: _____

Current toileting status: _____

*Please note that we consider children who are on the path to becoming toilet-ready.

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.***