



ADMISSION APPLICATION EARLY CHILDHOOD

APPLICANT INFORMATION

Name: _____
First Middle Last Preferred Name/Nickname

Home Address: _____
Street City

Phone: _____
State ZIP

Male Age: _____ Date of Birth: _____ Place of birth: _____
 Female (Mo/Day/Yr)

Proposed Entrance: _____ Current grade: _____ Applying for grade: _____
(Month/Year)

FAMILY INFORMATION

Parent/Guardian: _____ **Relationship to child:** _____

Home address: _____
If different from applicant

Occupation: _____

Employer: _____

Work Address: _____

Email: _____ Cell phone: _____

Home phone: _____ Business phone: _____

Parent/Guardian: _____ **Relationship to child:** _____

Home address: _____
If different from applicant

Occupation: _____

Employer: _____

Work Address: _____

Email: _____ Cell phone: _____

Home phone: _____ Business phone: _____

EDUCATION

Current school name: _____ Independent/Private Waldorf
 Public

Dates of attendance _____

Address: _____

School phone: _____ Teacher's name _____

Other schools attended in the past three years:

Name	City	State	Dates of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL INFORMATION

Applicant lives with: Father Mother Both Other

Where should materials be mailed? Father Mother Both Other

First language, other than English _____ Language spoken at home _____

Please list names of Applicant's brothers and sisters, their ages, schools now attending and their grade/year in school:

Name	Age	School	grade/year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list names of relatives who have attended CAWS:

Name	Year Graduated	Relationship
_____	_____	_____
_____	_____	_____

How did you learn about CAWS?

PARENT QUESTIONNAIRE
EARLY CHILDHOOD

Please explain why you are interested in the Cape Ann Waldorf School. Mention any articles or books you've read or events you've attended. Are you acquainted with anyone in the school?

What would you like to see your child receive from his/her school experience?

Describe your child in terms of his or her interests, temperament, likes, dislikes, favorite activities, toys, etc.:

Describe how your child spends a typical day from waking until bedtime:

List private lessons, play groups, etc. in which your child engages:

Does your child watch TV or videos and/or play with computer games? If so, how often and for how long?

Please describe your child's developmental milestones (such as crawling, standing, walking, talking, loss of teeth):

Are any medications given to the child regularly? Yes No

If yes: Please describe which medication(s) and for which condition(s):

Does your child have any physical, emotional, or academic issues that her/his teachers should be aware of? Please include allergies, learning issues, speech problems, developmental delays, etc. List any previous and current therapies:

The Cape Ann Waldorf School does not discriminate against children or their families on the basis of race, color, gender, sexual orientation, marital status, religion, national or ethnic origin, or financial status in its admissions.

Deadline for submission of application: January 31st. A non-refundable application fee of \$50.00 is required for each applicant. Please enclose a check or money order payable to the Cape Ann Waldorf School. Complete a separate application for each child.

Signature of parent or guardian

Date