



Early Childhood Application for Admission

Date Application and **\$75 Fee** Received: _____

Student's Full Legal Name _____ Student is a: Boy Girl Birthdate _____

Student's Primary Address _____

City, State, Zip _____ How long have you lived in the area? _____

Please Select Class Preference:

Wonder Garden – Ages 2 years 9 months (by Sept. 1st) through 4 years old and fully daytime potty trained.

_____ 3 Full Days (M-W) 8:15 a.m.-3:35 p.m. _____ 5 Full Days (M-F) 8:15 a.m.-3:35 p.m. (except on **Thursdays, dismissal is at 2:45 p.m.**)

_____ 5 Half Days (M-F) 8:15 a.m.-12:15 p.m.

Kindergarten – Ages 4 years through 6 years old.

_____ 3 Full Days (M-W) 8:15 a.m.-3:35 p.m. _____ 5 Full Days (M-F) 8:15 a.m.-3:35 p.m. (except on **Thursdays, dismissal is at 2:45 p.m.**)

_____ 5 Half Days (M-F) 8:15 a.m.-12:15 p.m. (Half Day is only an option for 4 year-olds. Students who are 5 by September 1st, must enroll in a Full Day Program.)

First Grade Readiness – Prairie Hill's school policy is that children must be 6 years of age by May 1st to be considered for first grade. We strongly believe this is the age at which children are developmentally ready for first grade. The Wisconsin Department of Public Instruction requires that children be 6 years of age by September 1st. Prairie Hill strongly encourages families to thoughtfully consider Prairie Hill's May 1st recommendation when choosing which grade level to place their child in. This recommendation applies for first grade as well as all subsequent grades. We strongly believe that adhering to the May 1st guideline is the best way to ensure that your child's developmental needs (academic, social and emotional) will be met by the Waldorf Curriculum that Prairie Hill offers. First Grade Readiness Assessments will be completed for each child who meets the age requirements. Following the successful completion of the assessment, the Kindergarten teacher makes her recommendation for advancement.

We strive to create a diverse population of students and families. The information you provide to us on your child's race and ethnicity is used for state reporting purposes. **Student is Hispanic or Latino:** Yes No

Student is: (Please check all boxes that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Multiracial

Applicant's Parent or Guardian

Parent/Guardian Name: _____

Home Address: _____

City, State, Zip: _____

E-Mail Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Partner Name (if not parent 2): _____

E-mail Address: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Parent 2 or Guardian

Parent/Guardian Name: _____

Home Address: _____

City, State, Zip: _____

E-Mail Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Partner Name (if not parent 1): _____

E-mail Address: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Are parents separated? Yes No Divorced? Yes No If yes, who has legal custody? _____

If your child does not live with both parents, please describe the child's living situation including custodial and visitation arrangements and other adults living in the home: _____

Please provide documentation of current custody agreement and contact information for all parents(s)/guardians(s). Attach additional sheets as necessary.

School District Currently Residing In: _____

Families residing in the school districts of Waukesha, Pewaukee, Kettle Moraine, Hartland-Lakeside & Arrowhead (Lake Country, Merton, North Lake, Stone Bank, Richmond, Swallow) are eligible to receive transportation reimbursements from their district through Prairie Hill.

Early Childhood Programs and/or grade schools the student has attended:

Name of Institution/Day Care	Address (City, State, Zip)	Attendance Dates	Grade(s)
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Please fill in as much of the information below as possible. This is an important part of our admissions process and provides information we need to better understand your student. Print N/A where not applicable.

Name of principal or guidance counselor at last school attended: _____

Subjects enjoyed most: _____

Subjects enjoyed least: _____

School activities (clubs, teams, orchestra etc.): _____

Activities outside of school (hobbies, lessons, community service, etc.): _____

What is the child's primary language? _____ Other languages spoken: _____

What is the mother's language? _____

What is the father's language? _____

What language is spoken at home? _____

Musical instruments played, if any: _____

What do you consider your student's strongest aptitudes and traits of character? _____

What traits would you especially like to see strengthened? _____

Has student ever received disciplinary consequences at school or from the community? Yes No

If yes, please explain: _____

Names of siblings (include age, school/college/other): _____

Name of relatives and/or friends who attend(ed) Prairie Hill Waldorf School or any other Waldorf school: _____

Special Considerations

Does your child have an Independent Educational Plan (I. E. P.)?

Note below (or separately) any physical disabilities, academic and/or emotional challenges or conditions for which student has received or is receiving treatment: _____

Please list any medications your child takes to treat these conditions: _____

Do we have your permission to consult with the appropriate resource(s) for evaluations concerning the above challenges or conditions?

Yes No Parent/Guardian Signature _____

Name, address and phone number(s) of resources for evaluations: (Copies of evaluations for any testing should be included with this application)

Early Childhood Information Gathering: Child's First and Last Name: _____

The information below will be kept confidential and only be shared with the Faculty. Events in children's earliest years can have both subtle and profound effects on their later life. While some of the following questions may not seem to apply to your child's current situation, they are designed to bring parents and teachers together in forming the broadest possible picture of your child's development and daily life.

Was your child adopted? Yes No If yes, at what age? _____ Does your child know? Yes No

If not adopted, please describe your pregnancy, i.e., tests, medications, hospitalizations, bed rest: _____

Describe the circumstances of your child's birth. For example: hospital, home, birth center, pre-term, cesarean, medications, peaceful, stressful, quick, long, early traumas, etc.

Was the birth early, late, on time? _____ Time of Day: _____

Where was your child born? _____

Who was present? _____

Birth height and weight? _____ Bottle or breast fed, and for how long? _____

At what age did your child begin to crawl? _____ Walk? _____

At what age was your child completed with toilet training? _____

How old were the parents when the child was born? Mother: _____ Father: _____

Describe language development: _____

Have you moved during your child's life? Yes No How many times and at what ages of your child?

Have there been other significant caregivers of your child besides the parents since birth? Yes No If yes, please describe: _____

Was there any early psychological or physical trauma that your child has experienced? Yes No If yes, please describe: _____

Please list any illnesses that your child has had and at what age:

Chicken Pox _____ Whooping cough _____ Strep Throat _____ Ear Infections _____ Seizures _____ Other(s) _____

Please specify any dietary restrictions and/or sensitivities, i.e., sugar, wheat, meat, dairy: _____

Allergies: _____

Medications: _____

Major Injuries: _____

Surgeries: _____

Please indicate any vulnerable areas of your child's health:

Lungs Stomach Ears Nose Throat Eyes High Fevers Nosebleeds Constipation Diarrhea Other

Please explain: _____

Please indicate any relevant medical family history: _____

Does your child have any special needs? Yes No If yes, please explain: _____

Does your child have any fears? Yes No If yes, please explain: _____

Has your child had a medical checkup? Yes No If yes, when and where? _____

Has your child had a hearing and/or vision exam? Yes No If yes, when and where? _____

How active would you consider your child: Active Moderate Less Active

When does your child wake up on week days? _____ Weekends? _____

How does your child wake up (fussy, cheerful, dreamy)? _____

What is your child's bedtime on week nights? _____ Weekends? _____

Does your child have any trouble falling or staying asleep? _____

Does your child nap during the day? Yes No If yes, at what time and for how long? _____

Does your child wet the bed? _____

What does your child eat for breakfast? _____

Describe your child's diet and eating habits (picky, eager): _____

Which meals do you share as a family? _____

Please describe your child's rhythm or routine, i.e., chores, meals, baths, story time, bedtime: _____

Please describe your child's play (indoor and outdoor activities, social interactions with family and peers): _____

In a paragraph, please try to give a picture of your child, i.e., interests, strengths, tendencies, outstanding characteristics, etc.: _____

Average hours per week of radio/recorded music listening: _____

Average hours per week of television and/or DVD viewing: _____

Does your child use a computer or play video games? Yes No If yes, how often and how long? _____

If age-appropriate alternatives were suggested, would you have any difficulty limiting or eliminating screen time for your child? Yes No

Please explain: _____

What festivals, holidays and/or Religious/Spiritual beliefs does your family celebrate that we could possibly acknowledge and honor in the class?

Does your child have relatives or extended family near-by? If so, describe the relationship(s): _____

What do you hope the Early Childhood classes at Prairie Hill will give to your child? _____

How long do you intend your child to attend Prairie Hill Waldorf School? _____

Where did you learn about Prairie Hill Waldorf School?

Website Facebook Postcard Mailing Newspaper/Magazine, name of publication _____

Referred by, please name _____ Other _____

What is your familiarity with Waldorf Education? _____

What questions do you have regarding the curriculum at Prairie Hill Waldorf School? _____

Would you like to receive information about the **Before and After School Care Program**? Yes No

For information about **Tuition Adjustment** please visit our website, www.prairiehillwaldorf.org, pull down the Admission tab and click on Tuition Adjustment. You may also call to schedule an individual appointment.

All the information included in this application is true to the best of my knowledge. **We require the signatures of both parents below:**

Signature Date

Signature Date

Misrepresenting or falsifying information may impact your student's placement at Prairie Hill Waldorf School
Thank you for your interest in Prairie Hill Waldorf School. We look forward to serving you and your child.



Engaging Minds Opening Hearts Inspiring Confidence

Prairie Waldorf School is a non-profit, independent school for children from infancy to Grade 8 and does not discriminate on the basis of sex, race, color, religion, disability, sexual-orientation, national or ethnic origin in the administration of its hiring, educational or admission policies, financial aid, athletic or other school-administered programs.