



# Maple Village Waldorf School

Application for 2019-2020 School Year  
Elementary Grades 1-8 Classes

Date of Application \_\_\_\_\_

\_\_\_ Grade One Class (6 years old as of June 1, 2019)\*  
Monday through Friday, 8:30 a.m. to 2:30 p.m.  
Wednesday early dismissal: 1:45 p.m.

Tuition: \$12,900 / year  
Registration: \$425  
Supply fees: \$275

\_\_\_ Grade Two Class (7 years old as of June 1, 2019)  
Monday through Friday, 8:30 a.m. to 2:30 p.m.  
Wednesday early dismissal: 1:45 p.m.

Tuition: \$12,900 / year  
Registration: \$425  
Supply fees: \$275

\_\_\_ Grade Three Class (8 years old as of June 1, 2019)  
Monday through Friday, 8:30 a.m. to 3:00 p.m.  
Wednesday early dismissal: 1:45 p.m.

Tuition: \$12,900 / year  
Registration: \$425  
Supply fees: \$275

\_\_\_ Grade Four Class (9 years old as of June 1, 2019)  
Monday through Friday, 8:30 a.m. to 3:00 p.m.  
Wednesday early dismissal: 1:45 p.m.

Tuition: \$12,900 / year  
Registration: \$425  
Supply fees: \$275

\_\_\_ Grade Five Class (10 years old as of June 1, 2019)  
Monday through Friday, 8:30 a.m. to 3:00 p.m.  
Wednesday early dismissal: 1:45 p.m.

Tuition: \$12,900 / year  
Registration: \$425  
Supply fees: \$275

\_\_\_ Grades Six, Seven & Eight Class  
(11 years old as of June 1, 2019)  
Monday through Friday, 8:30 a.m. to 3:30 p.m.  
Wednesday early dismissal: 1:45 p.m.  
Please circle one grade: 6<sup>th</sup> | 7<sup>th</sup> | 8<sup>th</sup>

Tuition: \$12,900 / year  
Registration: \$425  
Supply fees: \$400

*Please note that class times and tuition amounts are subject to change. Monthly payment plans are available. Annual registration & supply fees are due at the time of enrollment.*

*\* Children turning 6 by June 1st are eligible for First Grade. With our June 1st cut-off, children often have two years of Kindergarten. We find our early cut-off supports the growing child and prepares them best for future work in the Grades.*

Please check this box if you intend to apply for tuition adjustment.  
Tuition adjustment information can be found online at: [www.maplevillageschool.org/ata/](http://www.maplevillageschool.org/ata/)

**Sibling discounts:** Second child: 10% off tuition; third child: 15% off tuition; fourth and further children: 20% off tuition. Registration and supply fees are not discounted.

Child's Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Desired Start Date \_\_\_\_\_

Parental Marital Status \_\_\_\_\_

**Child's current & previous school(s)**

Name of School \_\_\_\_\_ Phone # \_\_\_\_\_

Dates/Grades of Attendance \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Name of School \_\_\_\_\_ Phone # \_\_\_\_\_

Dates/Grades of Attendance \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Name of School \_\_\_\_\_ Phone # \_\_\_\_\_

Dates/Grades of Attendance \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Current Teacher's Name \_\_\_\_\_ Current Teacher's Phone # \_\_\_\_\_

I hereby give Maple Village Waldorf School permission to phone and/or request records from my child's previous/current school.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent / Guardian 1 (Primary School Contact)**

Name \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Profession \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Parent / Guardian 2**

Name \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Profession \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

*Additional parents/guardians may be added in the space below:*

**Please list names and ages of other children in the family:**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**Child's History**

Do both parents reside in the home? If not, describe living situation (include custodial and visitation arrangements). \_\_\_\_\_  
\_\_\_\_\_

Do other adults live at home (relatives, foreign students, roommates) \_\_\_\_\_  
\_\_\_\_\_

What language is spoken in the home? \_\_\_\_\_

What language(s) do the children speak? \_\_\_\_\_

What language(s) does Parent/Guardian 1 speak? \_\_\_\_\_

What language(s) does Parent/Guardian 2 speak? \_\_\_\_\_

How old were parents/guardians when child was born? \_\_\_\_\_

If child was adopted, at what age and under what circumstances? \_\_\_\_\_

Open or closed adoption? \_\_\_\_\_ International or domestic? \_\_\_\_\_

Does your child know they are adopted? \_\_\_\_\_

Children can show a wide range of emotional adjustment which changes as children mature. Please share some of the language used in your family to discuss your family, your child's birth parents, birth and/or adoptive siblings, etc. and any other relevant information you may know about your child's birth and early life so that we may better support your family. \_\_\_\_\_

How was pregnancy? \_\_\_\_\_

Delivery (check all that apply):

- Typical
- Complications: \_\_\_\_\_
- Early
- Hospital Birth
- Home Birth
- C-Section

Medication? \_\_\_\_\_ How was birth? \_\_\_\_\_

How long? \_\_\_\_\_ Jaundice? \_\_\_\_\_

Any other comments regarding pregnancy or birth: \_\_\_\_\_

**Medical History**

Describe significant illnesses child has had (type, age, severity; include measles, mumps, chicken pox, etc.) \_\_\_\_\_

Was your child ever hospitalized or seriously injured? Please describe. \_\_\_\_\_

Ear problems or ear infections (frequency & severity)? How many before age 5? \_\_\_\_\_

Has vision been checked by a physician? If so, when? \_\_\_\_\_

Wears glasses? If so, since when? \_\_\_\_\_

Allergies (food, environmental, or other)? \_\_\_\_\_

Frequency of allergies \_\_\_\_\_ Symptoms \_\_\_\_\_

Does your child take any medications? If so, what kind? \_\_\_\_\_

Dosage? \_\_\_\_\_ How long has your child been on medication? \_\_\_\_\_

Vulnerable areas in the child's health (check all that apply):

- Lungs
- Stomach
- Ears
- Nose
- Throat
- Constipation
- Diarrhea
- Other (please explain) \_\_\_\_\_

Is your child currently under the care of a health practitioner for any condition? If so, please explain: \_\_\_\_\_

Does your child have any difficulty seeing, hearing, speaking, walking? Other? \_\_\_\_\_

**School History**

Hand preference? \_\_\_\_\_

Subjects enjoyed most at school: \_\_\_\_\_

Artistic interests or talents: \_\_\_\_\_

Has your child had the following classes or learned the following at their current school?

Check all that apply:

- Spanish language
- Violin
- Musical soprano recorder
- Reading musical notation

If you are applying for grades 3 through 8 and your child has not had this musical experience, you may be asked to pay privately for 1:1 or small-group music lessons in violin or soprano recorder for the purpose of having your child catch up to the class for which you are applying.

Homework routine (if applicable) – check all that apply:

- Done immediately when home from school
- Done after having a snack and/or relaxing
- Done before dinner
- Done after dinner
- Done before bed
- Done in the morning
- Parent initiates
- Student initiates

Where is homework done? \_\_\_\_\_

How is your child socially with peers? \_\_\_\_\_

Is there any family history of learning challenges? If so, please describe: \_\_\_\_\_

Does your child have any learning challenges that you are aware of? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any of the following ever been recommended for the student? If so, please give dates & describe (check all that apply). **Please attach copies of test results where applicable.**

- Independent Educational Plan (IEP)

\_\_\_\_\_

- Testing for Learning Differences

\_\_\_\_\_

- Psychological Testing or Counseling

\_\_\_\_\_

- Testing regarding behavioral problems

\_\_\_\_\_

- Tutoring or Special Support

\_\_\_\_\_

- Other: \_\_\_\_\_

Does your child have any unique needs or fears? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Are there any letters or sounds child does not speak clearly (such as R, Y, D)? \_\_\_\_\_

What do you see as your child's academic and personal strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What traits would you like to see strengthened in your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever repeated or skipped a grade? If yes, which grade? Please explain:

\_\_\_\_\_

\_\_\_\_\_

What are your thoughts or intentions for your child's schooling through 8<sup>th</sup> grade?

\_\_\_\_\_

\_\_\_\_\_

Does your child have a history of physical aggression? Have they been bullied? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

## Home & Family Life

What physical activities does your child enjoy? \_\_\_\_\_

What is your child's outdoor play environment at home? \_\_\_\_\_

Describe your child's bedroom environment (check all that apply):

- Organized
- Cluttered
- Too many toys
- Not enough toys
- Sleeps alone
- Sleeps with sibling(s)
- Sleeps with other family members

If your child has siblings, describe their relationship: \_\_\_\_\_

Child's hobbies? \_\_\_\_\_

Does your child engage in any extracurricular activities (musical, religious, academic, sports, artistic, other)? \_\_\_\_\_

Does your child play a musical instrument? If yes, what instrument(s)? How long has your child been playing? \_\_\_\_\_

What time does child awake in morning on weekdays? Weekends? \_\_\_\_\_

What time does child go to bed on weekdays? Weekends? \_\_\_\_\_

Does your child have regular chores? If so, what are they? \_\_\_\_\_

Describe your child's bedtime ritual. Please include times. \_\_\_\_\_

How do you discipline your child? Give examples. \_\_\_\_\_

What activities does your family do together that your child enjoys? \_\_\_\_\_

Do you consider rhythm (regular routine) important in the child's life? If so, what do you do to provide it? \_\_\_\_\_



Describe your home life and/or attitudes that you consider to be unique. \_\_\_\_\_

Does your child and/or family have a religious practice you would like to describe?

What festivals and holidays does your family celebrate? \_\_\_\_\_

Would you be interested in working with the teacher to bring these festivals or holidays to class? \_\_\_\_\_

Does your child use a computer or tablet? \_\_\_\_\_

How many hours and on which days of the week does your child watch television:

- As a family \_\_\_\_\_
- Alone \_\_\_\_\_

How many hours and on which days of the week does your child use a tablet/phone:

- As a family \_\_\_\_\_
- Alone \_\_\_\_\_

Does your child have any electronic devices in their room? If so, what types? \_\_\_\_\_

What kind of music do you and your children listen to at home? \_\_\_\_\_

Are you aware of the MWVS Media Policy? \_\_\_\_\_

Are you willing to limit your children's media time? \_\_\_\_\_

Child care situation (check all that apply):

- Parents Only
- Part-Time Caretaker (If so, how many hours?) \_\_\_\_\_
- Full-Time Caretaker
- Other: \_\_\_\_\_

Do your children have pets? If so, what kind(s)? \_\_\_\_\_

Does your child have extended family? If so, describe the relationship(s). \_\_\_\_\_

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Why are you interested in giving your child a Waldorf education and having your child attend Maple Village Waldorf School in particular? \_\_\_\_\_

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Are you acquainted with anyone at the school? \_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

As a Waldorf school, we value and appreciate your support. Are you aware of our required parent volunteer hours? \_\_\_\_\_

What talents and abilities do you have that may be helpful to our school? \_\_\_\_\_

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**A nonrefundable fee of \$100 must accompany this application.** *(For each additional sibling, application fee is \$50.)*

- A parent/student interview with the class teacher will be scheduled after the application and fee have been received.
- If school is in session, student will attend 3-5 visit days with their prospective class.
- Final acceptance decision is made by the MVWS faculty and is based upon the interview, visit days, and the family's willingness to support the Waldorf educational philosophy.
- Enrollment in the school is based on the school's ability to meet the needs of the child.
- Our programs work best when families work together with the school in providing a healthy, nurturing environment.

Parent / Guardian Name (please print)

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Parent / Guardian Signature

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Date \_\_\_\_\_

**Please send your application and payment to:**

Alice Stevens, Admissions & Enrollment Coordinator

[alice.stevens@maplevillageschool.org](mailto:alice.stevens@maplevillageschool.org)

Maple Village Waldorf School \* 4017 E. 6th Street \* Long Beach, CA 90814

Cash, credit/debit cards, and checks made out to Maple Village Waldorf School are accepted.

*MWVS is a 501(c)(3) non-profit educational institution that welcomes students & families of any religion, race, sexual orientation, gender identity or expression, and national or ethnic origin.*