



Maple Village Waldorf School

Application for 2019-2020 School Year Early Childhood Programs

Date of Application _____

___ **3-Day Parent Participation Preschool Classes** (3 years to 4 yrs. 8 mos. old as of Sept. 1, 2019) Parent or other family member assists in the classroom approx. once per month.

Please indicate your class preference below:

___ Monday through Wednesday, 9:00 a.m. to 1:15 p.m. Dues: \$7,485 / year

___ Wednesday through Friday, 9:00 a.m. to 1:15 p.m. Supply fees: \$140

Aftercare is available until 3:15 p.m.

Registration: \$405

___ **5-Day Kindergarten Classes** (4 yrs. 9 mos. to 6 years old as of Sept. 1, 2019)*

Monday through Friday, 8:45 a.m. to 1:15 p.m.

Aftercare is available until 5:30 p.m.

Tuition: \$12,260 / year

Supply fees: \$275

Registration: \$425

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 six 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.*

Child's Full Name _____

Birthdate _____ Gender _____

Desired Start Date _____

Parental Marital Status _____

Child's current & previous school(s) and/or childcare experiences

Name of Facility _____ Phone # _____

Dates/Programs of Attendance _____

Reasons for leaving _____

Name of Facility _____ Phone # _____

Dates/Programs of Attendance _____

Reasons for leaving _____

Name of Facility _____ Phone # _____

Dates/Programs 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 and/or childcare provider.

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:

Family Profile (Please list names and ages of other children in the family)

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Child's History

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

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

Do both parents reside in the home? If not, describe living situation. _____

When does Parent/Guardian 1 spend time with child? _____

When does Parent/Guardian 2 spend time with child? _____

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? _____

How was pregnancy? _____

Delivery (check all that apply):

- Typical
- Complications: _____
- Early
- Hospital Birth
- Home Birth
- C-Section

Medication? _____ How was birth? _____

How long? _____ Jaundice? _____

Approx. weight at birth _____ Was child breastfed? If so, for how long? _____

At what age did child crawl? _____ At what age did child walk? _____

At what age did child speak? _____

At what age did child start addressing themselves as "I"? _____

When was child toilet trained? _____

Does child wet bed? If yes, under what circumstances? _____

Does child suck thumb or fingers? _____

Any other habits? (nail biting, hair twisting, etc.) _____

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

Were there any complications or extraordinary events in the first three years of the child's life? Please explain. _____

Describe any academic programs or playgroups in which the child has been involved.

Please describe any special circumstances that have affected your child's school or social experience. _____

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) _____

Does your child have any challenges of which the teacher should be aware? Please describe.

Other comments _____

Developmental History

Hand preference? _____ Did adults influence choice? _____

Can your child (check all that apply):

- Ride a bicycle?
- Jump rope?
- Skate?
- Skip?
- Swim?
- Throw & catch a ball?

Child's hobbies? _____

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

How would you describe your child's temperament? _____

Is there anything in your child's developmental history of which the teacher should be aware? Please explain. _____

Play

What type of play does your child enjoy the most? _____

Does your child make friends easily? _____

Does your child like playing alone? _____

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: _____

Does your child have a special toy or blanket? _____

What physical activities does your child enjoy? _____

Home & Family Rhythms

What time does child awake in morning on weekdays? Weekends? _____

What time does child go to bed on weekdays? Weekends? _____

How does child awaken (dreamy, crabby, cheery, etc.)? _____

Does child nap during the day? _____

What does your child generally eat for breakfast? Describe eating habits. _____

Do you or your child follow any special diet? _____

Is your child a hearty eater or a picky eater? _____

Any food allergies or sensitivities? _____

Does your child have any strong likes or dislikes (sweet, salty, spicy, sour)? _____

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

Describe your child's bedtime ritual. Please include times. _____

Does your child fall asleep independently? _____

Does your child require your presence to fall asleep? _____

How do you discipline your child? Give examples. _____

Does your child fall asleep easily? _____

Does your child sleep through the night? _____

Any history of recurring dreams or nightmares? _____

How easy or difficult is it to dress your child adequately for warmth and protection?

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). _____

Why are you interested in having your child attend Maple Village Waldorf School?

What brought you to Waldorf education and why did you choose this approach to educating your child? _____

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? _____

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

- A parent/student interview with 1-2 teachers will be scheduled after the application and fee have been received.
- Final acceptance decision is made by the MVWS faculty and is based upon the interview 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) _____

Parent / Guardian Signature _____

Date _____

Please send your application and payment to:

Alice Stevens, Admissions & Enrollment Coordinator

alice.stevens@maplevillageschool.org

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

MVWS 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.

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