

**Applying for:** (please review the program requirements on the last page of this application)

- |  |                                |                                |                                |                                |  |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Full-Day Rosebud Garden | <input type="checkbox"/> 2 day | <input type="checkbox"/> 3 day | <input type="checkbox"/> 4 day | <input type="checkbox"/> 5 day | <input type="checkbox"/> Also interested in extended day program |
| <input type="checkbox"/> Half-Day Rosebud Garden | <input type="checkbox"/> 2 day | <input type="checkbox"/> 3 day | <input type="checkbox"/> 4 day | <input type="checkbox"/> 5 day |  |
| <input type="checkbox"/> Full-Day Kindergarten   | <input type="checkbox"/> 4 day | <input type="checkbox"/> 5 day |                                |                                | <input type="checkbox"/> Also interested in extended day program |
| <input type="checkbox"/> Half-Day Kindergarten   | <input type="checkbox"/> 4 day | <input type="checkbox"/> 5 day |                                |                                |  |

## Applicant Information

Full Name			Preferred Nickname		
Mailing Address			Date of Birth		
City	State	Zip	Applying for Month/Year		
Phone			<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Has this student applied to Kimberton Waldorf School before?  Yes  No What year? \_\_\_\_\_ Which program? \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian I <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Sole legal custody of student. <input type="checkbox"/> Joint legal custody of student.	Parent/Guardian II <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Sole legal custody of student. <input type="checkbox"/> Joint legal custody of student.
Address (If different from above)	Address (If different from above)
City State Zip	City State Zip
Home Phone	Home Phone
Occupation or Position	Occupation or Position
Place of Employment	Place of Employment
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

The Admissions Office should use which phone during the Admissions Process?  Parent I  Parent II  Both  Other \_\_\_\_\_  
 To whom should Admissions Office correspondence be sent?  Parent I  Parent II  Both  Other \_\_\_\_\_

Check here if you intend to apply for need-based *tuition assistance* (Available only for 4 or 5 full day students)   
*Application for need-based tuition assistance is a separate process and in no way affects admission decisions. Please visit <https://sssbynais.org/> to complete the online tuition assistance application. Feel free to contact Kimberton Waldorf School's Business Office at 610.933.3635 ext. 128 with any further questions.*



**Please write at least two paragraphs as to why you are seeking  
a Waldorf Education for your child**

**In order to better understand your child, please provide us with the following information:**

At what age did your child crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Speak? \_\_\_\_\_  
Is your child toilet trained? \_\_\_\_\_ (If so, at what age? - Day and night) \_\_\_\_\_  
Does your child suck thumb or fingers? Any other habits? (nail biting, hair twisting, etc.) \_\_\_\_\_  
Are there any letters or sounds your child does not speak clearly (such as R, Y, D)? \_\_\_\_\_  
Were there any extraordinary events in the first three years of the your child's life? Please explain.  
\_\_\_\_\_

**Home and Family Rhythms**

What time does your child awaken on *weekday* mornings/*weekend* mornings? \_\_\_\_\_  
How does your child awaken (dreamy, cheerful, crabby, etc.)? \_\_\_\_\_  
Does your child nap during the day? \_\_\_\_\_  
Does your child eat breakfast? What does he/she eat? Describe eating habits: \_\_\_\_\_  
\_\_\_\_\_

Do you or your child follow any special diet? \_\_\_\_\_  
What foods does your child like most? \_\_\_\_\_ Least? \_\_\_\_\_  
What meals does your child have with entire family? \_\_\_\_\_  
What time are meals? \_\_\_\_\_  
Does your child have regular chores? If so, what are they? \_\_\_\_\_  
How do you discipline your child? (give examples) \_\_\_\_\_  
How would you describe your child's temperament? Describe your child briefly. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What time does your child go to bed on *weekdays*/*weekends*? \_\_\_\_\_  
What, if any, are the bedtime rituals? \_\_\_\_\_  
Does your child fall asleep easily? \_\_\_\_\_ Does he/she sleep through the night? \_\_\_\_\_  
Is there any history of recurring dreams or nightmares? \_\_\_\_\_  
What are your family's weekend activities? \_\_\_\_\_  
Do you consider rhythm to be important in the child's life? If so, what do you do to provide it? \_\_\_\_\_  
\_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_ What languages does your child speak? \_\_\_\_\_  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Describe home life or routine that you consider to be different or unique \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Child care situation:  Parents only  Part-time caretaker  Full-time caretaker

How many hours with caretaker? \_\_\_\_\_ Does your child have an extended family? If so, describe relationships:

\_\_\_\_\_  
\_\_\_\_\_

## Play

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

Does your child swim or take part in other physical activities, organized sports, lessons, or classes? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special interests? \_\_\_\_\_

Does your child use a computer/tablet/smartphone or play video games? \_\_\_\_\_ How often? \_\_\_\_\_

Does your child watch TV or videos? \_\_\_\_\_ Which programs? \_\_\_\_\_

How often? \_\_\_\_\_ How long? \_\_\_\_\_ When? \_\_\_\_\_

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

Do you listen to music/radio/podcasts/audiobooks in the car? \_\_\_\_\_

Are you willing to limit your child's viewing and listening time? \_\_\_\_\_

Does your child have pets? \_\_\_\_\_

Does your child have neighborhood friends? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Describe their relationship and play \_\_\_\_\_

Does your child have imaginary playmates? \_\_\_\_\_ Give names and describe \_\_\_\_\_

What kind of play and toys does your child enjoy most? \_\_\_\_\_

\_\_\_\_\_ least? \_\_\_\_\_

Is there a special toy, doll, or blanket? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information you would like to share with regard to any academic, physical, medical or other issues/needs that your child has?

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**By signing this application, we affirm that we have provided all pertinent information and that all information provided is accurate, to the best of our knowledge:**

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**Parent Signature**

**Date**

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**Parent Signature**

**Date**

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**Child's Name**

**A nonrefundable fee of \$50 must accompany this application.** The application will not be processed without the fee. Final acceptance is based upon a personal interview with the child, observation, and the availability of space in the class. Applicants are considered for admission without regard to race, religion, ethnic origin, or gender.

**Teacher and Parent Interview and Acceptance Process:** When the application has been received by KWS, the Admissions Office will call the parents to arrange a meeting at the school between the teachers and the family. The faculty will then make the final decision regarding acceptance. Upon acceptance, a contract will be sent to the child's parents.

**Early Childhood Structure and Policy:**

**Rose Kindergarten and Forest Kindergarten:** Children are placed into mixed-age groups and should be between 4 and 6 years old. Children applying for the Kindergarten must have turned 4 by June 1 and be toilet trained.

**Rosebud Garden Program:** Children are placed into mixed-age groups and should be between 2 and 4 years old. Children do not need to be toilet trained to join the program.



THE ART OF EDUCATION

410 W Seven Stars Road, PO Box 350
Kimberton, PA 19442
Phone: 610-933-3635, ext 108 Fax: 610-300-5488

REQUEST FOR RECORDS

Please give this form to the office of your child's present school.

Student's Name \_\_\_\_\_

School \_\_\_\_\_

Date Student Enrolled \_\_\_\_\_

To the Registrar: This student is applying to Kimberton Waldorf School. Please send us the following records (if applicable):

- Academic Records (Listing Subjects and Grades) for the Past Three Years
- Health and Dental Records
- Standardized Testing Results
- Screening/Placement Records for Academically Talented Programs and Special Education Programs
- Psychological Testing and Evaluation
- Individual Educational Plans, Service Agreements, or Accommodations
- Records of Disciplinary Actions
- Attendance Records
- Other Pertinent Documents

I hereby give my permission to \_\_\_\_\_

(present school) to release the records of \_\_\_\_\_ (child's name)

to Kimberton Waldorf School.

Signature of Parent/Guardian

Please send records to:
Admissions Office, Kimberton Waldorf School
PO Box 350, Kimberton, PA 19442