

Please note that some of these questions may not apply based on child's age.

1. If your child has had previous schooling, please provide names(s) and addresses of school(s) attended and names of teachers:
2. If transferring from another school, please give reasons:
3. How did you hear about our school?
4. What is your familiarity with Waldorf Education (books read, lectures attended, etc):
5. Please tell us your reason(s) for choosing the Front Range Waldorf School for your child:
6. Names and ages of other children in the family:
7. How would you describe your child's personality?
8. Which traits would you like to see strengthened in your child?
9. What is your daily rhythm at home?
10. What responsibilities does your child have at home?
11. What are your child's special interests?
12. Can you tell us anything significant about your child's development?

13. What are your child's weak points?(bedwetting, tantrums etc.)
14. What are your child's strong points?
15. What stress factors does your child have in their life?
16. Present regular bedtime: _____ P.M. Present regular arising time _____ A.M.
17. A. Approximate daily time watching electronic media: _____ Weekends: _____
Please specify which kind: T.V. _____ C.D. _____ DVD/Video _____ Computer _____ Electronic games _____
B. Would you be willing to decrease exposure to media? Yes _____ No _____
18. Approximate daily time playing: _____ Weekends: _____
19. What are your child's sleep patterns? (Goes to bed easily, fights it? Sleeps deeply, lightly? Wakes early and spontaneously, hard to waken? etc.)
20. When did your child begin to sleep in their own bed?
21. Please describe your pregnancy and childbirth with this child:
22. Was your child breastfed? If so, for how long and was there anything significant?
23. Were there any sleeping or feeding problems in infancy? If so describe:
24. At what age did your child's first teeth appear? _____
25. Did your child crawl? _____ at what age? _____
26. At what age did your child begin to walk? _____
27. At what age did your child first begin to speak? Words _____ Sentences: _____
28. List Vaccinations child has received:

29. List childhood illnesses your child has had (include frequent illnesses and any surgeries):
30. List any allergies your child may have and any ongoing medications your child has taken or is taking:
31. Please describe your child's appetite and eating habits:
32. List any dietary needs:
33. Has your child had any medical, learning or behavioral challenges? yes no
If yes, please describe and attach reports.

FOR CHILDREN WHO ARE ADOPTED:

Adoption Information: Adoption Age: Does the child know: Know birth parents:

1. Briefly describe circumstances of the adoption and what part, if any the birth parents play now:

FOR DIVORCED OR SEPARATED FAMILIES:

1. Please describe custody arrangements (Custody/visitation, shared equally? Does the child reside primarily with one parent? Who?)

2. Is there a regular routine for visitation? Describe:

3. Is the parent remarried? If so, who? What are the stepparent(s) names? Are there any stepsiblings?

MISC.

1. What do you hope to receive as parents and/or adults in the Waldorf community?

2. As members of the Waldorf community, how might you contribute to our school life (special gifts or talents, interests, hobbies, skills):

3. Please attach additional comments:

4. Family or friends who would like school related mailings- List names and addresses: