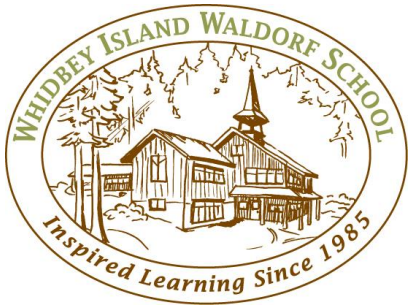


# WHIDBEY ISLAND WALDORF SCHOOL



## APPLICATION FOR ADMISSION

~Early Grades Program: 1 - 5~



**Whidbey Island Waldorf School**

P.O. Box 469, Clinton, WA 98236  
Phone: 360.341.5686  
Fax: 360.341.5689  
karina@wiws.org  
[www.wiws.org](http://www.wiws.org)

Please Attach  
A  
Recent  
Photo

Grades 1 - 5

FOR THE SCHOOL YEAR

**APPLICATION FOR ADMISSION**

**20\_\_ -- 20\_\_**

**Student Applicant**

APPLICANT'S NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GENDER  MALE  FEMALE

**Applying For  
Grade:**

1  2  3  4  5

Ethnicity for US Census Bureau Annual Report (optional)

Black  Asian  American Indian  Hispanic  White  Other \_\_\_\_\_

**Parent or Guardian One**

**Parent or Guardian Two**

LAST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_  Male  Female

FIRST NAME \_\_\_\_\_  Male  Female

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

POSITION \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

Does the adult this child lives with have legal custody?  Yes  No

Correspondence and School Directory should include  Mother  Father  Both

Please indicate the best way to reach you (select all that apply)

Home Phone  Cell Phone  Work Phone  Email  Other \_\_\_\_\_



# CHILD HISTORY and PARENT QUESTIONNAIRE

Relationship to child (parent, grandparent, adoptive, parent, legal guardian, etc.) \_\_\_\_\_

**Depending upon the above, please answer the following as you are able or feel appropriate:**

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

\_\_\_\_\_

Delivery: \_\_\_\_\_ Early \_\_\_\_\_ Normal \_\_\_\_\_ Hospital \_\_\_\_\_ Home \_\_\_\_\_ C-Section \_\_\_\_\_ Birthing Center

\_\_\_\_\_ Medication: \_\_\_\_\_

How was birth? \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_ Jaundice? \_\_\_\_\_

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

\_\_\_\_\_

Approximate weight at birth \_\_\_\_\_ Was the child breastfed? \_\_\_\_\_ How long? \_\_\_\_\_

Age of teething \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

When was the child toilet trained? \_\_\_\_\_

Does child wet bed? \_\_\_\_\_ If yes, under what circumstances? \_\_\_\_\_

Does your child have any self-soothing behaviors? (Nail-biting, thumb-sucking, hair-twisting, etc.) \_\_\_\_\_

Are there any letters or sounds the 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. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Describe any learning programs, schools, or playgroups in which the child has been involved \_\_\_\_\_

\_\_\_\_\_

## Illnesses

- |                                       |           |  |           |
|---------------------------------------|-----------|--|-----------|
| <input type="checkbox"/> Meningitis   | Age _____ | <input type="checkbox"/> Drug-intoxication/poisoning | Age _____ |
| <input type="checkbox"/> Encephalitis | Age _____ | <input type="checkbox"/> Respiratory Distress        | Age _____ |
| <input type="checkbox"/> Chickenpox   | Age _____ | <input type="checkbox"/> Lead poisoning              | Age _____ |
| <input type="checkbox"/> Mumps        | Age _____ | <input type="checkbox"/> Rubella                     | Age _____ |
| <input type="checkbox"/> Measles      | Age _____ | <input type="checkbox"/> Scarlet Fever               | Age _____ |
| <input type="checkbox"/> High fevers  | Age _____ | <input type="checkbox"/> Whooping Cough/Pertussis    | Age _____ |

Does your child receive at this time, or any time previously, professional services from traditional, chiropractic, or alternative practitioners beyond regular medical check-ups? If so, please describe (use separate page if necessary)

\_\_\_\_\_  
Allergies (drug, food, environmental) \_\_\_\_\_

\_\_\_\_\_  
Medications currently in use \_\_\_\_\_

\_\_\_\_\_  
Has your child had immunizations? \_\_\_\_\_

Does child require use of an Epi-pen? \_\_\_\_yes \_\_\_\_no

Injuries sustained (falls, stitches, broken bones) or hospital experiences \_\_\_\_\_

\_\_\_\_\_  
Vulnerable areas in child's health: \_\_\_\_lungs \_\_\_\_stomach \_\_\_\_ears \_\_\_\_nose \_\_\_\_throat  
\_\_\_\_constipation \_\_\_\_diarrhea \_\_\_\_digestion \_\_\_\_Other? Please explain \_\_\_\_\_

### HOME AND FAMILY RHYTHMS

What time does child awaken on weekday/weekend mornings? \_\_\_\_\_

How does child awaken (dreamy, cheerful, crabby, etc.)? \_\_\_\_\_

Does child nap during the day? \_\_\_\_\_

Does child eat breakfast? \_\_\_\_\_What does he/she eat? \_\_\_\_\_

Describe eating habits \_\_\_\_\_

Do you or your child follow any special diet? \_\_\_\_\_

Which foods does your child like most? \_\_\_\_\_Least? \_\_\_\_\_

What meals does the child have with the entire family? \_\_\_\_\_

What time are meals? \_\_\_\_\_

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

\_\_\_\_\_  
How do you discipline your child (give examples)? \_\_\_\_\_

\_\_\_\_\_  
How would you describe child's temperament? Describe your child briefly. \_\_\_\_\_

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

What, if any, are the bedtime rituals? \_\_\_\_\_

\_\_\_\_\_  
How does your child fall asleep? \_\_\_\_\_

Does he/she sleep through the night? \_\_\_\_\_

Any history of recurring dreams or nightmares? \_\_\_\_\_

What are the family's weekend activities? \_\_\_\_\_

Do you consider rhythm important in your child's life? If so, what do you do to provide it? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_ What languages does the child speak? \_\_\_\_\_

Mother? \_\_\_\_\_ Father? \_\_\_\_\_

Describe any home life or attitudes that you consider to be unique or different in your home \_\_\_\_\_

Child care situation: \_\_\_\_\_ Parents only \_\_\_\_\_ Part-time caretaker \_\_\_\_\_ Full-time caretaker. How many hours? \_\_\_\_\_

Does the child have extended family? \_\_\_\_\_

If so, describe relationship \_\_\_\_\_

### PLAY

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

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

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

Does child use computer or play computer games? \_\_\_\_\_ How often? \_\_\_\_\_

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

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

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

Do you play radio and tapes in the car? \_\_\_\_\_

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

Describe the relationship and play of child with brothers and sisters \_\_\_\_\_

Does child have any pets? \_\_\_\_\_

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

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

Does child have any imaginary playmates? \_\_\_\_\_

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

Least? \_\_\_\_\_

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

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

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*\*Is there anything you feel is pertinent to your child's biography that has not been covered above (e.g. special abilities, physical characteristics, behavioral, medical or emotional problems to overcome, academic strengths and weaknesses)? If child is transferring from another school, please include your reasons for doing so. Please use the bottom of this sheet for your comments.*

*\*Please use the space below or the back of this application to write about:*

*a) why you have chosen Waldorf education for your child;*

*b) why you have chosen the Whidbey Island Waldorf School in particular;*

*c) your familiarity and willingness to learn about Waldorf Education;*

*d) your family - please introduce yourself to us, what gifts do you bring to this community and what do you hope to receive.*

Previous Schools Attended

\_\_\_\_\_ Grades \_\_\_\_\_

\_\_\_\_\_ Grades \_\_\_\_\_

\_\_\_\_\_ Grades \_\_\_\_\_

Siblings

Name	Gender	Date of Birth	School	Also Applying?

If you have a first grader, will you be needing **Extended Care**? If so, please choose from the available programs:

**All Grades:** Late Extended Care (3:00 – 5:30)

Do you want to receive information about the Tuition Assistance Program based on family need

Yes  No

How did you learn about our school? \_\_\_\_\_

Please Note: An application fee of \$50 must accompany this application. This fee is non-refundable and this application is valid only for the year noted.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

WIWS does not discriminate on the bases of race, religion, or national origin in its admission policy or in the conduct of its educational programs. The school is a 501c(3), tax-exempt, nonprofit organization.

Please remember that your interview will not be scheduled until the application and child history forms are completed and received by the school. We highly recommend that both parents be present for the interview.