

APPLICATION FOR ADMISSION EARLY CHILDHOOD (Nursery/Kindergarten)

Child Name _____ Preferred Name _____
first middle last (if different)

Date of Birth _____ Gender _____
month/day/year

Desired Date of School Entrance _____
month/year

Please check if your child is three years old by Dec. 31.

Please check your preference:

- 5 mornings (M – F) 8:30 - 12:00
- 5 full days (M – F) 8:30 - 3:00
- 3 mornings (M/T/W) 8:30 - 12:00
- 3 full days (M/T/W) 8:30 - 3:00
- 2 mornings (Th/F) 8:30 - 12:00
- 2 full days (Th/F) 8:30 - 3:00

Are you interested in a program:

- Before school (7:45 - 8:15) yes no
- After school (3:00 - 5:30) yes no

Full Name of Parent/Guardian _____

Home Address _____
street city state zip

Occupation/Employer _____

Home Phone _____ Cell Phone _____ Email _____

Full Name of Parent/Guardian _____

Home Address _____
street city state zip

Occupation/Employer _____

Home Phone _____ Cell Phone _____ Email _____

Parents are: married separated divorced share custody single

If parents are separated or divorced,

Child lives with _____

Correspondence should be addressed to _____

Please comment briefly on your child's personality traits, temperament, separation experience and style of play.

Please describe your child's previous group experience (in play groups, child care settings, Sunday school, other pre-schools).

Please list any pre-school or kindergarten programs that your child has attended and teachers whom we may contact for references.

current school/program

teacher

school mailing address

school telephone

previous school/program

teacher

school mailing address

school telephone

Please list organized activities in which your child engages including any sports programs.

How often does your child watch TV/videos and/or use the computer or other forms of screen media?

Do you have any concerns about your child's development or health in any of the areas listed below?

Vision, Hearing, Speaking, Walking yes no

Emotional and/or Behavioral Development yes no

Sensory Processing yes no

Food and/or Environmental Allergies yes no

If yes, please explain: _____

Has your child ever been recommended for evaluation? yes no

If yes, please explain: _____

How did you learn about Maine Coast Waldorf School? _____

Why do you believe that Waldorf education would be a good match for your child? _____

We appreciate the information you have given us. It will help us to understand your child's needs and will remain confidential.

Who is financially responsible for school expenses? _____

Tuition support is available to Grades 1 - 12 students and to Early Childhood students who attend five days (Monday - Friday) until 3:00 or 5:30. It is not available for the morning only (8:30 - 12:00) early childhood option. Further information is available on our website: mainecoastwaldorf.org/admissions/tuition

Will you be applying for tuition support? yes no

Parent/Guardian Signature _____ Date _____

When you submit this form, please include a recent photograph of your child (*optional*) and the **\$40 application fee.**

Maine Coast Waldorf School does not discriminate on the basis of race, religion, gender, sexual orientation and national or ethnic origin in the administration of its educational programs, hiring, self-government, admissions, financial aid and all other school-related activities.