

Date Application Received (office use only) _____
Approved by _____ Date _____
Enrollment Date _____



APPLE BLOSSOM
School and Family Center
440 Danbury Road, Wilton, CT 06897
203-834-0344
f: 203-834-0341

ADMISSIONS APPLICATION

Date of Application: _____

Applying for: (circle one)

Early Childhood Program -ages 3 (by 12/31) to 6: 3 day _____ 5 day _____
Interest in Aftercare _____

Child's Name: _____ Gender: _____

Nickname: _____ Birthdate: _____

Birthplace: _____

Father's Name: _____

Address: _____

Occupation: _____

Interests, Hobbies and Talents: _____

Business Address: _____

Phone: _____ Business Phone: _____

Cellular Phone: _____ Email: _____

Mother's Name: _____

Address: _____

Occupation: _____

Interests, Hobbies and Talents: _____

Business Address: _____

Phone: _____ Business Phone: _____

Cellular Phone: _____ Email: _____

(over)

If child does not live with both parents, please describe child's living situation:

How does your child get along with his or her siblings?

Are there relatives with whom the child is especially close?

Child's previous or current school and group experiences:

Previous Waldorf experience? (Circle all that apply):

None Camp Playgroup Nursery/Kindergarten

Please list the names of other school(s) attended

Address _____

Dates _____

Please list the names of Group(s) attended

Address(es) _____

Dates _____

If you wish to share details of your child's previous school experience, please use the following space:

Child's Health and Development

Has your child had any serious or chronic illnesses, accidents, or injuries?

Any food or other allergies?

Present medication, if any?

(continued)

Describe a typical breakfast, lunch and dinner for your child.

In order to help us better understand your child, please share with us the experience of your pregnancy, birth or adoption, and your child's first year.

Present regular bed time _____ pm Present rising time _____ am

What does your child enjoy doing?

What do you (both parents) enjoy doing with your child?

How many hours per week is media a part of your child's life?

Television _____

Videos _____

Computer _____

Electronic Games _____

If asked by the teacher to limit television and video viewing, movie going, video-game playing or computer time for your child, would you have any difficulty complying with this request?

Please explain your answer:

Does your child have any special problems, needs, or fears?

(over)

Does your child have any strong likes or dislikes? (food, clothing, noises, etc.)

Who disciplines your child at home, and what form(s) of discipline are used?

Is there anything else you would like us to know about your child? (Please feel free to attach an additional sheet.)

Your reasons for choosing a Waldorf-based curriculum?

How did you hear about our school?

Signature of Parent or Guardian

Date

**Please return this form and a \$75.00 non-refundable application fee to:
Apple Blossom School and Family Center, 440 Danbury Rd., Wilton, CT 06897
203- 834-0344**

The Apple Blossom School and Family Center seeks a representative community of diversity, welcoming students of any race, religion, ethnic and economic background. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational or admissions programs and policies.

All tuition payments are non-refundable.