

The Harvest
A Developing Waldorf School

Admissions Application
 Year Applying For _____

Thank you for filling out this form as completely as possible. The more you share with us, the better our understanding of your unique child, family and situation. This information will be used by the admissions team to begin the process of becoming familiar with your child and family. It will be held in confidentiality.

Applying for (circle): Preschool/Kindergarten: 2-day 3-day 5-day Grade: 1 2 3 4 5 6

Child's Name _____ Sex _____ Birthplace _____
 Date of Birth _____
 Previous/Current School _____ May we contact to request records? Yes No
 Phone _____ Name of Teacher _____
 Name of Counselor/Director _____

Mother's Name _____ E-mail _____
 Address _____
 Business Name, Address _____
 Home Tele. _____ Business Tele. _____ Cell _____

Father's Name _____ E-mail _____
 Address _____
 Business Name, Address _____
 Home Tele. _____ Business Tele. _____ Cell _____

Parents: Married _____ Separated _____ Divorced _____ Single _____ Widowed _____

Stepparent's Name _____ E-mail _____
 Address _____
 Business Name, Address _____
 Home Tele. _____ Business Tele. _____ Cell _____

Stepparent's Name _____ E-mail _____
 Address _____
 Business Name, Address & Occupation _____

Home Tele. _____ Business Tele. _____ Cell _____

Names and ages of other children in the family:

1. _____ Sex _____ Age _____ 2. _____ Sex _____ Age _____
 3. _____ Sex _____ Age _____ 4. _____ Sex _____ Age _____
 5. _____ Sex _____ Age _____ 6. _____ Sex _____ Age _____

If parents have separate addresses, child lives with (circle one): Mother Father Both

Correspondence should be addressed to (circle one): Mother Father Both

How did you learn about our school? _____

The Harvest admits students of any race, religion, color, sex and national or ethnic origin.

Please note: A non-refundable fee of \$75 must accompany this application. Application will not be processed without fee. Final acceptance is based upon personal interview, 3-day visit for grades children, availability of space and composition of class. All children are on a probationary status for the first 6 weeks of their enrollment. We have every reason to believe that new students will find their place and have a positive experience but we want to be diligent about monitoring their transition for the first 6 weeks they are enrolled.

Parent's Signature: _____ Application Date: _____

Parent's Signature _____ Application Date: _____

For Office Use Only			
Date Received _____	Application Fee _____	Parent/Teacher Interview _____	
Child Visit _____	References _____	Acceptance/Declination _____	

Child's History

How old were child's parents when child was born? Mother: _____ Father: _____

How was pregnancy? _____

Delivery: _____ Normal _____ Hospital _____ Homebirth _____

C-Section _____ Medication _____ Describe Birth _____

If child was adopted, at what age and under what circumstances? _____

Approximate weight at birth _____ Was the child breast-fed? _____ How long? _____

At what age did child crawl? _____ Walk? _____ Speak? _____

At what age did the child start addressing him/herself as "I"? _____

When was the child toilet trained? _____ Does child wet bed? _____

If yes, how often and under what circumstances? _____

Does child suck thumb or fingers? _____ Any other habits? (nail-biting, hair twisting, etc.) _____

Are there any letters or sounds child does not speak clearly (such as R, Y, D)? _____

Do both parents reside in the home? _____ If not, does child have contact with both? _____

How much time is spent in each environment? _____ Describe arrangements _____

Does child spend significant amounts of time in the care of others? _____ If so, please describe arrangements _____

Were there any complications or extraordinary events in the first three years of the child's life? _____ Please explain _____

Illnesses (include measles, mumps, chicken pox, etc.) _____

Any Allergies? Special needs or fears? _____

Medications currently taken _____

Injuries sustained, or hospital experiences _____

Describe general health of child _____

Home and Family Rhythms

What time does child awaken on weekday/weekend mornings? _____

How does child awaken (dreamy, cheerful, crabby, reluctantly)? _____

Does child nap during day? If so, how long and what times? _____

Does child eat breakfast? _____ What does he/she eat? _____

Describe eating habits _____

Home and Family Rhythms

Do you or your child follow any special diet? _____

What foods does your child like most? _____

What meals does child have with entire family? _____

What time are meals? _____

What responsibilities does your child have at home? _____

How do you discipline your child? Please give examples _____

How would you describe your child's temperament? Describe child briefly _____

What time does child go to bed on weekdays? _____ Weekends? _____

What, if any, are the bedtime rituals? _____

Does child fall asleep easily? _____ Does child sleep through the night? _____

Any history of recurring dreams or nightmares? _____

What are 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 child speak? _____

Mother? _____ Father? _____

What festivals/holidays does your family celebrate? _____

Play

Describe any learning programs, physical activities, organized sports, playgroups, lessons, hobbies in which child has been involved.

How does child relate to his/her peers in the above settings? To teachers? _____

What are some favorite ways your child plays? _____

Circle one in each word group: Is your child more likely to choose group activities OR play alone; quiet play OR active play; indoor play OR outdoor play; play that mimics work OR play that is play?

What are child's favorite physical activities? _____

What are child's favorite artistic activities? _____

What are your child's strongest aptitudes and traits of character? _____

What traits would you like to see strengthened? _____

Please describe the balance of quiet/alone time and social/interactive time _____

Average hours of television viewing daily _____ Weekends _____

Which programs? _____
Average hours of radio and recorded listening daily _____ Weekends _____
Average hours of computer time daily _____ Weekends _____
What are your child's favorite computer/video games? _____
How do you feel about minimizing your child's exposure to television, videos and computer? _____
Describe the relationship and play of child with brothers and sisters _____
Does child have any pets? _____
Describe child's outdoor play environment _____

General

Is there anything else you would like to tell us about your child? _____

What do you see to be the role of education in a child's life? _____

If child is transferring from another school, please include your reasons for doing so. Please use the bottom of this sheet for your comments. _____

How did you hear about our school? _____

Do you have any special skills you would like to volunteer in our school efforts? _____

Please remember that your interview will not be scheduled until the application is completed in its entirety and received by the school. We highly recommend that both parents be present for the interview.

We acknowledge that this information is complete and accurate.

Parent's Signature _____ Date _____
Parent's Signature _____ Date _____

Reminders

1. Include \$75.00 non-refundable application fee
2. If you wish, include a photo of your child
3. Make a copy of your application for your records
4. Attach any pertinent reports and/or transcripts
5. Hand deliver or mail to:

The Harvest
C/O Admissions
5125 Shadowbend Place
The Woodlands, TX 77381