



GRACE FARM CAMPUS
Early Childhood Education
APPLICATION

FOR OFFICE USE:

Date rec'd _____

Pd. \$ _____ Ck. _____

Class list Big Sis

Confirm To teacher

Date of application _____ For school year _____

Child's name: First _____ Middle _____ Last _____

Pronouns used _____

Date of birth _____ Age as of September 1 of entrance year _____ years _____ months

Our PreK program ends at noon daily. We offer optional Afternoons until 3pm on a space-available basis.

Please indicate your PreK (mornings until 12 noon) attendance preference for your child

5-day (Mon-Fri) 4-day (Mon-Thurs)

Will your child be needing a full day (noon - 3pm; noon -2:15pm on Thursdays) program? YES NO

If yes, what is your desired Afternoon schedule (optional, from noon - 3pm, on a space-available basis)?

5-day (Mon-Fri) 4-day (Mon-Thurs) 3-day, limited space (Mon-Wed)

**Children who turn 5 by June 1st must enroll for 5 mornings in preparation for their first grade experience.*

Parent/Guardian Name _____ Relationship to child _____

Preferred pronouns _____ Primary phone _____

Email address _____

Mailing address _____

Nature of work _____ Employer _____

Parent/Guardian's Name _____ Relationship to child _____

Preferred pronouns _____ Primary phone _____

Email address _____

Mailing address _____

Nature of Work _____ Employer _____

Child's town/School District of residence _____

5. Please list private lessons and/or sports programs (if any) in which your child participates.

6. What primary language is spoken at home? What other languages are spoken in your home?

7. Are there any extenuating circumstances in your family that would be helpful for us to know about to better serve your child?

8. Describe your child's previous school/daycare experience.

9. What role do electronic media such as TV, movies, videos, computer/video games, etc. play in your family life? If age-appropriate alternatives were suggested, would you be willing to make changes in the way your family relates to the media?

10. Describe your child's general health (allergies, physical fitness, nutrition, medications, sleep habits, etc.).

11. Has your child had difficulties with vision, hearing, walking or speaking? Injuries to the head or physical or emotional traumas?

12. Has your child been tested, assessed or recommended for any special needs or services? If so, please describe. Send copies of all reports and documents related to the special needs of your child with this application.

13. Does your child have learning and/or behavioral challenges not addressed in #12? If so, please describe.

14. Please tell us what you know about Waldorf Education and philosophy. Why are you interested in Orchard Valley Waldorf School for your child?

15. Are you interested in a full Waldorf education (through 8th grade) for your child? Why or why not?

16. Imagine that it is a cold, rainy Saturday in mid-November. Please describe how your child might spend the day.

If your child has/is attending an Early Childhood program(s) or daycare(s), please enclose a completed Release of Information form (attached).

I/we verify that the information provided in this application is true and complete, and understand that acceptance/enrollment/continued enrollment could be affected by inaccurate or incomplete answers.

Parent /Guardian's Signature Date

Parent/Guardian's Signature Date

Return this application along with the \$50.00 non-refundable application fee to:

Orchard Valley Waldorf School
2290 Vermont Route 14 North
East Montpelier, VT 05651

For more information, please contact the Enrollment Office at 802-456-7400; enrollment@ovws.org

Orchard Valley Waldorf School does not discriminate on the basis of race, color, religion (creed), ancestry, national origin, place of birth, sex, sexual orientation, gender identity, disability, age, political affiliation, or marital status in the operation of its programs or in its admissions, hiring, or financial aid decisions.

Information Release Request Form

Child's Name

Date of Birth

Current and/or Previous Early Childhood Program(s)/Daycare(s)

Address of Program(s)/Daycare(s)

Phone Number(s) of Program(s)/Daycare(s)

I, _____ parent/guardian of child listed above, do hereby grant permission for a representative of the Orchard Valley Waldorf School to contact/speak with my child's teacher(s), special educators, care providers, etc. listed below:

Signature of Parent/Guardian Date

Please contact the Enrollment Office at 802-456-7400 or enrollment@ovws.org if you have any questions.

Thank you!