



ADMISSIONS APPLICATION- **Stepping Stone** 2019-20

Applications are due with a nonrefundable \$25

STUDENT INFORMATION (All fields must be completed)

Student's Name _____
first middle initial last date of birth

Address _____
street city state zip

Male Female

Stepping Stone Toddler Program (8:15- 11:00 am) Session I (September – December)
3-Mornings Session II (January – May)

PARENT INFORMATION (All fields must be completed)

Parent/Guardian's Name _____
first middle initial last

Address (if different than student's*) _____
street

_____ *city state zip phone number*

_____ *email address*

Parent/Guardian's Name _____
first middle initial last

Address (if different than student's*) _____
street

_____ *city state zip phone number*

_____ *email address*

* Are duplicate mailings (i.e. school notices, newsletters, etc.) requested for separate households? Yes / No

Parent's Employer _____ work hours/days _____

Work Address _____
street city state/zip phone number

Parent's Employer _____ work hours/days _____

Work Address _____
street city state/zip phone number

Please list all **siblings** of student:

Name birth date grade/school

Name birth date grade/school

Name birth date grade/school

Form must be signed by a parent or legal guardian.

Parent / Guardian Signature

Applicants are considered for admission without regard to race, religion, ethnic origin or sex.

Date

CHILD'S HISTORY

The following questions are personal and will give us insight into your child. Please answer them as completely as possible.

Describe your pregnancy and childbirth? _____

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

Parents' age at childbirth _____ Parent 1 _____ Parent 2

Birth Weight _____ Breast Fed-how long? _____

Age that child crawled _____ walked _____ spoke _____

Where is your child in their bathrooming process? _____

Diaper rashes or other sensitivities? _____

Describe any influential events in child's life so far: _____

Current Health Considerations/Allergies _____

Current Medications _____

Does your child have any difficulty seeing, hearing, speaking, walking? Other ?

HOME AND FAMILY RHYTHMS

Please describe your child's daily schedule _____

Present regular bedtime _____ PM Present arising time _____ AM Nap? _____

How would you describe your child? _____

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

Describe arrangements _____

As a teacher, one wants to be sensitive to a child's religious background. How does religion or spirituality play role in your family life (optional)? Holidays/ Festivals?

Has your child been in another's care (day care/ nanny/ etc)? Describe (how long/ how often):

PLAY

What activity does your family do together that your child enjoys? _____

What kind of play and toys does child enjoy most/least? _____

What are your views on television, video viewing, and computer use for your child? _____

Relationship(s) to sibling(s) _____

What is child's outdoor play environment? _____

Do you wish to tell us anything else about your child? _____

EXPECTATIONS

Why have you chosen to apply to the Susquehanna Waldorf School? _____

What are your expectations for your child's early childhood experience? _____

What, if any, is your background knowledge of Waldorf education? _____

What do you think is the most important aspect of Waldorf Education, and how do you think it can help your child?

What do you hope your child gains from the Stepping Stone class?
