



Grades Program Application for Admission

The most successful educational experience for the child comes when home life and school life work in a harmonious fashion, providing a solid base from which the child can be in the world. This is what we strive for here at City Of Fountains School.

As you answer the questions below, please understand that these questions are helpful for our teachers, in understanding your child's rhythm (order of their day). This rhythm carries into the classroom each day and as teachers, we can help the child integrate into school if we know more about your family life.

The young child's development of creativity happens when they can picture, envision and see inwardly. Studies show that this delicate ability is overwhelmed by the bombardment of media, in all its forms. Therefore, we ask you about your media usage. This is not a test, just a way to understand your child and family better.

Thank you for taking the time to assist us in getting to know you and your child!

The City of Fountains School Grades Program is offered Monday through Thursday. Please indicate below the specific grades program you are interested in:

1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade

Applicant (Child) Information

Full Name

Preferred Nickname

Date of Birth

Race (optional)

Male Female Other/ Non-Binary Notes: _____

Has this student applied to City of Fountains School before Yes No

Which year? _____ Which program? _____

Parent/Guardian Information

Parent/Guardian #1

_____ Sole legal custody Joint legal custody of student

Full Name

Address

City

State

Zip

Phone

Work Phone

Occupation/Job Title

Place of Employment

Email Address

Parent/Guardian #2

Full Name

Sole legal custody Joint legal custody of student

Address

City

State

Zip

Phone

Work Phone

Occupation/Job Title

Place of Employment

Email Address

Alternate Emergency Contact #1

Name

Relationship to Child

Phone

OK to pick up child from school? Yes No

Alternate Emergency Contact #2

Name

Relationship to Child

Phone

OK to pick up child from school? Yes No

Current School Information

Name of Current School (and School District)

Address

City

State

Zip

Other Schools/Daycares Previously Attended

Grade Levels Attended

Director Principal Counselor

Telephone

Grade Levels Attended

Check here if your child has ever had a psychological evaluation, IEP, or 504 Service Agreement. (You must send copies of these documents along with this application.)

How did you hear about our school?

Why have you chosen a Waldorf-inspired school for your child?

Family Information

Applicant's Sibling(s):	Birth Date	School Attending	Grade Level
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Please describe your child's relationship with his/her siblings:

(OPTIONAL) Did/do any relatives attend COFS? Relationship to applicant? Year attended/current grade?

Home and Family Rhythms

What time does your child wake in the morning? _____

How does your child awaken (i.e., dreamy, cheerful, crabby)? _____

Is there any history of recurring dreams or nightmares? _____

Does your child eat breakfast? What does he/she eat? Describe their general eating habits:

Do you or your child follow any special diet? _____

What meals does your child have with the entire family?

How do you discipline your child? (give examples) How does your child respond to boundaries or being told "no"?

How would you describe your child's presence and temperament?

Does your child have regular chores? If so, what are they?

Is there a daily rhythm or routine in your home?

What languages are spoken at home? _____

What languages does your child speak? _____

What are some of your most heartfelt family values? Your hopes for your child?

At COFS, we strive to honor a variety of cultural and religious traditions within our classrooms. To cast a spotlight on the richness of our wonderfully diverse community, we would love to hear more about your family and any cultural, religious, or spiritual practices you observe within your family.

Play

What do you enjoy doing most with your child?

Does your child take part in any organized sports, lessons, or classes?

Has your child taken a special interest in anything?

COFS encourages families to limit their media usage with children. Does your family value media as an educational tool or form of entertainment? Why or why not? What does your child's media use look like and for how long each week does your child use screen media?

Can your child read? Yes No

How high can your child count? _____

Does your child have pets? _____

Does your child have neighborhood friends? Yes No What are their ages? _____

Describe their relationship and play

Does your child have imaginary playmates? Yes No

If yes, give names and describe _____

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

Least? _____ Is there a special toy, doll, or blanket? _____

Describe your child's outdoor play environment.

In preparation for further enrollment discussions, has your child had a history of aggressive behavior in a previous placement, or have program or school staff identified either behavioral or academic concerns for your child? If so, please describe.

What do you feel are your child's areas of strength, and what areas you would like to help your child develop further?

Is there any additional information you would like to share with us in regard to academic, physical, medical or other issues/needs that your child has? (All enrolled students will be asked to submit a confidential medical history form).

Financial Information

Check here if you intend to apply for need-based tuition assistance / financial aid.

Application for need-based tuition assistance / financial aid is a separate process and in no way affects admission decisions. Please print and return the tuition assistance application with this form. Feel free to contact the admissions office with any further questions about this.

*A nonrefundable fee of \$50 (per **new** family) must accompany this application. Final acceptance is based upon assessments, observation, and the availability of space in the class. Applicants are considered for admission without regard to race, religion, ethnic origin, or gender.*

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____