



Kindergarten 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!

Kindergarten at City of Fountains School is held on Monday, Tuesday, Wednesday, Thursday, and Friday mornings from 9am to 1pm, with the option to enroll for 1, 2, 3, 4, or 5 days. *Families interested in enrolling in the first grade the following school year are strongly encouraged to apply for a minimum of three days a week.*

Applying for: #_____ Days/week

Please note the schedule for your child(ren) below, based on the number of days selected above.

Five (5) Days: Monday, Tuesday, Wednesday, Thursday, Friday

Four (4) Days: Monday, Tuesday, Wednesday, Thursday

Three (3) Days: Monday, Tuesday, Wednesday **OR** Wednesday, Thursday, Friday*

Two (2) Days: Monday, Tuesday **OR** Thursday, Friday*

One (1) Day: Fridays

* Preferences will be taken into account, but cannot be guaranteed.

Does your child have a sibling attending school on any of the following days?

Mondays Tuesday Wednesday Thursday Friday

I am interested in after-care from 1-3pm. Monday, Tuesday, Wednesday, Thursday only *

*A minimum of one semester commitment is required

Applicant (Child) Information

Full Name

Preferred Nickname

Date of Birth

Race (optional):

Male Female

Parent/Guardian Information

Parent/Guardian 1 Mr. Mrs. Ms. Parent/Guardian 2 Mr. Mrs. Ms.

Sole legal custody Joint legal custody of student Sole legal custody Joint legal custody of student

Address

Address

City, State, Zip

City, State, Zip

Home Phone

Home Phone

Occupation or Position

Occupation or Position

Place of Employment

Place of Employment

Work Phone

Work Phone

Cell Phone

Cell Phone

Email Address

Email Address

Alternate Emergency Contact #1

Name _____

Relationship to child _____

Phone: home _____

mobile _____

work _____

OK to pick up child from school? Yes__ No__

Alternate Emergency Contact #2

Name _____

Relationship to child _____

Phone: home _____

mobile _____

work _____

OK to pick up child from school? Yes__ No__

Family Information

Applicant's Sibling(s): Birth Date, School Attending, Grade Level

How did you hear about our school?

School or Daycare Information

Name of Current School / Daycare (if applicable) Years Attended? Full or Part time?

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

Did your child attend the Parent/ Toddler program at City of Fountains or another Waldorf/ Waldorf inspired school?

Please tell us about your interest in continuing with a Waldorf-inspired education. Do you foresee your child attending our school thru kindergarten? 6th grade? 8th grade? Homeschool enrichment only?

Child's History

Please share your child's birth or adoption story:

How was the pregnancy for the parents?

Were there complications during pregnancy or birth? _____

Medication? _____ How long was the labor? _____

Was the child breastfed? _____ How long?

_____ About what age did your child crawl?

_____ Walk? _____ At what age did your child begin

speaking two word sentences? _____ Does your child suck their thumb

or fingers? Any other habits (nail biting, hair twisting, etc.)?

How does your family value sleep? Does your child fall asleep easily? Sleep through the night or awaken frequently? Remember their dreams?

Describe your child's relationship with his/her siblings: _____

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

Have there been any special or significant changes in home life or family since your child was born?

Home and Family Rhythms

What time does your child awaken in the morning? _____

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

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 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?

Please describe your routines and your child's involvement in them.

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?

What religious or spiritual practices are observed in your home? Do you meditate or attend a church, sangha, temple, etc..? 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 invite families to possibly share a small tradition or holiday celebration within our kindergarten class. Would you be willing to speak more with our kindergarten teacher about this opportunity?

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?

Does your child have pets?

Does your child have playdates with friends? _____

Does your child have imaginary playmates? _____

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

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

What is your child's outdoor play environment?

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What do you feel are your child's areas of strength?

Do you hold any areas of concern for your child? Are there areas you would like to help your child strengthen?

Is there any additional information you would like to share in regard to any physical, medical or other issues/needs that your child has?

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.

General Information A nonrefundable fee of \$50 (per *new* family) must accompany this application. Final acceptance is based upon assessments, observations, 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: _____