

## **APPLICATION & ENROLLMENT PROCESS**

All applicants are encouraged to attend an **Open House** *(Children Welcome)* or **A Private Tour** *(Adults Only)* and learn more about our school. Please call 941.927.3711 to reserve your space.

- Submit an application and the non-refundable \$40 application fee. (This fee is reduced by half if application is submitted within 2 days of your first enrollment event)
- You will be contacted for a meeting with the class teacher.
- 3. You will receive an enrollment packet after your child is accepted into the program.

The school maintains a waiting list for classes that are full. To be placed on this list, applicants must submit a completed application and the \$40 application fee.

Please complete & return with a non-refundable \$40 APPLICATION FEE, check payable to: Sarasota Waldorf, Inc., 6210 Crestwood Ave., Sarasota, FL 34231

| Applying fo | r:       |                   |  |
|-------------|----------|-------------------|--|
| □Grade 1    |          |                   |  |
| □Grade 2    | □Grade 3 | □Grade 4 □Grade 5 |  |

In order to be eligible for 1<sup>st</sup> grade, children must turn 6 by June 1<sup>st</sup> before the September in which they attend.

| For Office Use Only:   | App. fee received |
|------------------------|-------------------|
| Date received          | Recorded by       |
| Forwarded to faculty _ |                   |

| Student Full Name:  |       |     |  |
|---------------------|-------|-----|--|
| Student Birth Date: |       |     |  |
| Student Address:    |       |     |  |
|                     |       |     |  |
| City                | State | Zip |  |

## **PAYMENT METHODS**

**Full Payment** of Tuition on or before July 1, or **Ten Equal Monthly Payments** commencing July 1, with mail in or direct withdrawal options through TADS. The application to pay using the TADS biannual or monthly payment plan must be completed and returned by June 15<sup>th</sup>. The Supply Fee can be paid in one or two payments, by July 1<sup>st</sup>, and is non-refundable.

The calendar, tuition rates, and fees are subject to change.

| What method will you use to pay tuition?      |
|---|
| ☐ Payment in Full by July 1, 2015             |
| ☐ Ten Monthly Payments beginning July 1, 2015 |

| I understand that although tuition can be<br>monthly payments for affordability, it is no<br>month obligation, rather an annual comm | ot a month to | Email Address:  |   |              |                  |
|--|---------------|---|---|--------------|------------------|
|  |               | Occupation:   |   |              |                  |
| Parent/Guardian Signature  | Date          | Place of Work:  |   |              |                  |
| Parent/Guardian Signature  | Date          | Relationship of Pare  | nts:  |              |                  |
|  |               | ☐ Married ☐ Divorce   | ed □ Sep  | arated □     | l Co-habiting    |
| PARENT/GUARDIAN INFORMATION  |               | If separated or divorced, please describe co-parenting/custody arrangement: |   |              |                  |
| Parent 1 Name:   |               |   |   |              |                  |
| Address (if different from above):   |               | Child lives with:  □ Both Parents □ P                                       | arent 1 F   | 1 Parent 2   | □ Other          |
|  |               | If your child lives with  |   |              |                  |
|  |               | explain:  | arryone ou  | nei illali p | areni(s), piease |
| Phone Numbers:   |               |   |   |              |                  |
| (W   | •             |   |   |              |                  |
| (C   |               | <del></del>   |   |              |                  |
| (H   | ')            | Does any other perso  | n care for  | your child   | on a regular     |
| Email Address:   |               | basis?  |   |              |                  |
|  |               | □ Yes □ No  |   |              |                  |
| Occupation:  |               | Caregiver's Name  |   |              | Phone            |
| Place of Work:   |               | Caregiver's Relations   | hip to Child  | t            |                  |
|  |               | Siblings:   |   |              |                  |
| Parent 2 Name:   |               | Sibling 1 Name  | Age   | D.O.B.       | School           |
| Address (if different from above):   |               | Sibling 2 Name  | Age   | D.O.B.       | School           |
|  |               | Sibling 3 Name  | Age   | D.O.B.       | School           |
| Phone Numbers:(W)  |               | Schools Previously  | Schools Previously Attended (Including preschools): |              |                  |
| (C   |               | School 1 Name and A   | Address   |              |                  |

| School 1 Contact Name and Phone                                   |   |
|---|---|
| School 2 Name and Address   | How did you hear of Waldorf Sarasota?   |
| School 2 Contact Name and Phone                                   | ☐ Website ☐ Mailing ☐ Friend ☐ Newspaper ☐ Magazine ☐ Open House ☐ Event ☐ Other  |
| School 3 Name and Address   | If "Other", how:  |
| School 3 Contact Name and Phone                                   |   |
| If moving from a previous school, please explain why:             | Are you acquainted with anyone currently in the school?   |
|   |   |
| If your child was adopted, at what age? Under what circumstances? | Parents/guardians are actively involved in the life of our school. All are expected to volunteer a minimum of 20 hours per school year and participate in at least one school work day. Please list your interests, experience, talents, etc. |
| Please describe your family's relationship to spiritual life:     |   |
|   | Anything that would be helpful for us to know concerning your child's development not mentioned so far?   |
| Please describe activities or rituals between dinner and bedtime: |   |
|   |   |
|   |   |
| How many hours does your child sleep each night?                  | Please describe your child's strengths and challenges:  |
| Does your child nap? □ Yes □ No If Yes, how long?                 |   |
| Why do you want your child to experience Waldorf                  |   |
| education?  |   |

| <del></del>   |  |
|---|--|
| Does your child have strong food preferences or dislikes?   |  |
|   | How many hours per day does your child spend with electronic media, including television, videos, cinema, radio, recorded music and stories, videogames, and computers? (Please indicate average hours of viewing and/or listening and content. Include differences between weekdays and weekend days, if relevant.) |
| Does your child have any health/medical conditions that the school should be aware of in order to ensure the child's safety? If so, please explain and attach any |  |
| medical documents.  |  |
|   | Does your child have pets? If yes, please list:  |
|   |  |
|   |  |
|   | Does your child like playing alone? ☐ Yes ☐ No Please describe play:   |
| Has your child ever had a social, neurological,   |  |
| emotional, or other evaluation? Does your child have an IEP? If so, please explain and attach the testing results   |  |
| or latest IEP plan.   | What kinds of play and toys does your child enjoy most?  |
|   |  |
|   |  |
|   | List any extracurricular activities your child participates in (sports, martial arts, dance, music). Indicate hours per week:  |
| Does your child receive any support services at this time?  |  |
| Please list, along with contact information for the provider.   |  |
|   |  |
|   |  |

| Does your child have any unusual behaviors or habits that the teachers should be aware of? Please describe. |  |
|---|--|
| Please describe your approach to discipline. How does your child respond to your approach?                  |  |
|   |  |
| What activities does your family do together that your child enjoys?  |  |
| Please describe home life or attitudes that you consider different or unique:                               |  |
|   |  |
| What are your intentions for your child's schooling after   |  |
| Elementary School?  |  |
|   |  |

## Request for Cumulative School Records

| Previous School Name                              |                                     |                   |                        |
|---|-------------------------------------|-------------------|------------------------|
| 0   |                                     |                   |                        |
| Street Address                                    |                                     |                   |                        |
| City  | State                               | Zip               |                        |
| Phone   | Fax                                 |                   |                        |
|   |                                     |                   |                        |
| Student Last Name                                 | First Name                          | DOB               | Grade                  |
| The above named studer forward all school records | nt has applied to/is enrolled<br>s. | in Waldorf Saraso | ta. I request that you |
| Parent Signature                                  | Date                                |                   |                        |
| raieni Signalure                                  | Please send school red              | cords to:         |                        |

WALDORF SARASOTA 6210 Crestwood Avenue Sarasota, FL 34231

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