



Starfish Kindergarten Application

2016 - 17 School Year

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.

1. Submit an application and the non-refundable \$40 application fee. (This fee is waived if application is submitted within 2 days of an enrollment event)
2. 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.
4. Return the completed enrollment packet paperwork along with the \$100 tuition deposit; and, if applicable, tuition payment information (TADS) in order to secure a place for your child.

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 for Starfish Kindergarten Program:

- 3 Days - M,T,W
- 5 Days
- 8:30 am – 12:30pm
- Age - 5½ - 6 ½

<p>For Office Use Only: App. fee received _____</p> <p>Date received _____ Recorded by _____</p> <p>Forwarded to faculty _____</p>

Please Note:

5 day attendance is required for children who turn 6 before Feb. 1st.

Preference is given to 5 day applicants.

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

STUDENT INFORMATION

Student Full Name:

Student Birth Date: ____/____/____

Girl Boy

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 15th. The Supply Fee can be paid in one or two payments, by July 1st, 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 broken into monthly payments for affordability, it is not a month to month obligation, rather an annual commitment.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

PARENT/GUARDIAN INFORMATION

Parent 1 Name:

Address (if different from above):

Phone Numbers:

_____ (W)
_____ (C)
_____ (H)

Email Address:

Occupation:

Place of Work:

Parent 2 Name:

Address (if different from above):

Phone Numbers:

_____ (W)
_____ (C)

_____ (H)

Email Address:

Occupation:

Place of Work:

Relationship of Parents:

Married Divorced Separated Co-habiting

If separated or divorced, please describe co-parenting/custody arrangement:

Child lives with:

Both Parents Parent 1 Parent 2 Other

If your child lives with anyone other than parent(s), please explain:

Does any other person care for your child on a regular basis?

Yes No

Caregiver's Name Phone

Caregiver's Relationship to Child

Siblings:

Sibling 1 Name Age D.O.B. School

Sibling 2 Name Age D.O.B. School

Sibling 3 Name Age D.O.B. School

Schools Previously Attended (Including preschools):

School 1 Name and Address

School 1 Contact Name and Phone

School 2 Name and Address

School 2 Contact Name and Phone

If moving from a previous school, please explain why:

If your child was adopted, at what age? Under what circumstances?

Was the child premature? Yes No
If Yes, how early? _____

At what age did your child crawl? _____
walk? _____ speak? _____

When was your child toilet trained? _____

Does your child wet the bed? Yes No
If yes, under what circumstances?

Please describe your family's relationship to spiritual life:

Please describe activities or rituals between dinner and bedtime:

How many hours does your child sleep each night?

Does your child nap? Yes No
If Yes, how long? _____

Why do you want your child to experience Waldorf education?

How did you hear of Waldorf Sarasota?

- Website Mailing Friend Newspaper
- Magazine Open House Event Other

If "Other", how:

Are you acquainted with anyone currently in the school?

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.

Anything that would be helpful for us to know concerning your child's early development not mentioned so far?

Please describe your child's strengths and challenges:

Does your child have strong food preferences or dislikes?

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.

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.

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 pets? If yes, please list:

Does your child like playing alone? Yes No
Please describe play:

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 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 Kindergarten?

Request for Cumulative School Records

Previous School Name

Street Address

City

State

Zip

Phone

Fax

Student Last Name

First Name

DOB

Grade

The above named student has applied to/is enrolled in Waldorf Sarasota. I request that you forward all school records.

Parent Signature

Date

Please send school records to:

WALDORF SARASOTA
6210 Crestwood Avenue
Sarasota, FL 34231
Phone: 941.927.3711
Fax: 941.927.2006

Waldorfsarasota@gmail.com
www.WaldorfSarasota.com