



ACORN HILL WALDORF KINDERGARTEN & NURSERY

9504 BRUNETT AVENUE SILVER SPRING, MD 20901

phone: 301-565-2282 fax: 301-565-8878 web: acornhill.org

APPLICATION FOR SCHOOL YEAR: 20__ - 20__

APPLICATION FEE: \$50.00 This Fee Is Non-Refundable.

Child's full legal name _____ Birth Date _____ Sex _____

Child's address _____ Home Phone _____

_____ Zip Code _____

Parent 1 _____ Occupation _____ Cell Phone _____

Parent 2 _____ Occupation _____ Cell Phone _____

Parent 1 email _____ Parent 2 email _____

Parent 2's address if different from above: _____ Home Phone _____

_____ Zip Code _____

How did you learn about Acorn Hill? Please check all that apply.

- Acorn Hill website A Parent in Silver Spring/blog magazine Online research/media _____
- Referred by friend _____ Referred by professional _____ Other _____
- Attended School Tour Date of attendance _____ Attended Mini Morning Date of Attendance _____

Siblings' names and ages _____

Did they attend Acorn Hill? _____ If so, when? _____

INDICATE PROGRAM PREFERENCE: all ages as of September 1

- ___ **Parent-Child Full Year** please circle choice: Thurs. Fri. 2 years – 3 years 9 months
9:15 – 11:30am No preference
- ___ **Three Day Class** half day program M, Tu, W group 1: 2 years 6 months – 3 years 3 months
9am – 12noon group 2: 3 years 3 months - 4 years 3 months
- ___ **Three Day Class** full day program M, Tu, W 3 years 3 months - 4 years 3 months
9am – 3pm
- ___ **Five Day Class** half day program M-F 3 years six months - 6+ years
9am – 12noon
- ___ **Five Day Class** full day program M-F 3 years six months - 6+ years
9am – 3pm
- ___ **Aftercare Program** M-F open to children applying for full day
3 – 6pm

Partial week enrollment for the Aftercare Program is possible. Please contact the school for rates and availability.

Why are you considering Acorn Hill for your child?

Is important for us to know of any special needs your child may have. Please note any special conditions such as physical, emotional, or developmental needs and note any evaluations or therapies your child has received or is currently receiving.

Please describe your child's known allergies.

Please list any medications your child is taking.

How much time, on average, does your child spend

per weekday?

listening to radio, records, tapes _____

watching TV, VCR/DVD, movies _____

playing computer games _____

per weekend?

listening to radio, records, tapes _____

watching TV, VCR/DVD, movies _____

playing computer games _____

We ask that you consider your child's viewing habits in light of the increasing evidence of its adverse effects on children and their development. (A reading list is available upon request.) Are you willing to change your child's television viewing habits if your teacher feels it would benefit your child? Please answer as fully as you are able.

Please give a description of your home situation.

Please comment on your child: likes and dislikes, special circumstances or experiences, fears, etc.

Please describe your child's current or past day care or school experience, if any.

Do you have any concerns about your child from past day care, school, or group experience? Please describe.

SIGNATURE _____ **Date** _____
Parent or legal guardian

Please enclose the application fee of \$50.00.

Acorn Hill Waldorf Kindergarten and Nursery does not discriminate on the basis of race, gender, sexual orientation, religion, national or ethnic origin in its administrative or admissions policies.