

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.