



**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  list serve/blog \_\_\_\_\_  print media \_\_\_\_\_  Online research \_\_\_\_\_

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**

- Three Day Nursery** half day program M, Tu, W 2 ½ – 3 years 3 months  
*9am – 12noon (toilet training not required)*
- Three Day Nursery** full day program M, Tu, W 2 ½ – 3 years 3 months  
*9am – 3pm (toilet training required)*
- Three Day Class** half day program M, Tu, W 3 years 3 months - 4 years  
*9am – 12noon (toilet training required)*
- Three Day Class** full day program M, Tu, W 3 years 3 months - 4 years  
*9am – 3pm (toilet training required)*
- Five Day Class** half day program M-F 3 ½ - 6+ years  
*9am – 12noon (toilet training required)*
- Five Day Class** full day program M-F 3 ½ - 6+ years  
*9am – 3pm (toilet training required)*
- Aftercare Program** M-F open to children applying for full day  
*3 – 6pm (toilet training required)*

*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.*