



**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.**

- Online research
- Street/Education Fair
- Listserv/Blog
- Referral \_\_\_\_\_
- Other \_\_\_\_\_

**Has your child attended any other Acorn Hill programs?**

- Parent Infant
- Parent Toddler
- Parent Child
- Summer
- No

Siblings' names and ages \_\_\_\_\_

Did they attend Acorn Hill? \_\_\_\_\_ If so, when? \_\_\_\_\_

**INDICATE PROGRAM PREFERENCE: all ages as of September 1**

- Young Nursery Class** M, Tu, W half day: 9:12  
2 1/2 - 3 1/4 years full day: 9-3
- Three Day Nursery Class** M, Tu, W half day: 9:12  
3 - 4 years full day: 9-3
- Five Day Nursery Class** M-F half day: 9-12  
3 - 4 1/4 years full day: 9-3
- Mixed-Age Kindergarten Class** M-F half day: 9-12  
4 - 6 years full day: 9-3
- Aftercare Program** M-F 3-6pm  
*open to children applying for full day*

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

How much time, on average, does your child spend

per weekday?

listening to radio, records, tapes \_\_\_\_\_

watching TV, VCR/DVD, movies \_\_\_\_\_

playing computer games \_\_\_\_\_

smart phone/iPad \_\_\_\_\_

per weekend?

listening to radio, records, tapes \_\_\_\_\_

watching TV, VCR/DVD, movies \_\_\_\_\_

playing computer games \_\_\_\_\_

smart phone/iPad \_\_\_\_\_

We recommend that you consider your child's media/screen exposure in light of the increasing evidence of its adverse effects on young children and their development. (A reading list is available upon request.) Are you willing to work with your child's teacher to eliminate/reduce media/screen exposure for your child if your teacher believes it would benefit your child? Y\_\_\_\_\_ N\_\_\_\_\_

Briefly describe your child to us (interests, likes/dislikes, personal traits, etc.)

Briefly list any allergies and/or any concerns, diagnoses and treatment for developmental, speech, occupational, behavioral, medical or physical conditions (including if an IFSP or IEP is in place) for your child.

Please list all languages spoken at home.

Why are you considering Waldorf Early Childhood Education for your child?

Please list previous/current home or nanny care (description & dates)

Please list previous/current school, co-op, and/or daycare (description, name, & dates)

I give permission for Acorn Hill staff to contact and receive information from organizations listed above.  
Y\_\_\_\_\_ N\_\_\_\_\_

I will provide any professional and/or medical reports, assessments, plans and recommendations directly to Acorn Hill under separate cover within 10 days of this application. The application cannot be fully considered until we have these records. Y\_\_\_\_\_ N\_\_\_\_\_

You and your child will be asked to meet with school administrators, teachers and/or faculty chair prior to acceptance. All records are confidential.

**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.*