



# 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: \$75.00 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

- |  |          |                                 |
|--|----------|---------------------------------|
| <input type="checkbox"/> <b>Young Nursery Class</b><br><i>2 ½ – 3 years</i>                        | M, Tu, W | half day: 9:12<br>full day: 9-3 |
| <input type="checkbox"/> <b>Three Day Nursery Class</b><br><i>3 – 4 years</i>                      | M, Tu, W | half day: 9:12<br>full day: 9-3 |
| <input type="checkbox"/> <b>Five Day Nursery Class</b><br><i>3 – 4 years 3 months</i>              | M-F      | half day: 9-12<br>full day: 9-3 |
| <input type="checkbox"/> <b>Mixed-Age Kindergarten Class</b><br><i>4-6 years</i>                   | M-F      | half day: 9-12<br>full day: 9-3 |
| <input type="checkbox"/> <b>Aftercare Program</b><br><i>open to children applying for full day</i> | M-F      | 3-6pm                           |

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

Why are you considering Waldorf education for your child?

Please give a description of your home situation.

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

Please list all languages spoken at home.

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 \_\_\_\_\_

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

per weekend?

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

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

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

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

We ask that you consider your child's media/screen exposure 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 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\_\_\_\_\_

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 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 \$75.00.***

*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.*