



# White Rose Preschool

*a waldorf inspired program*

## Application for Enrollment

Please complete and return as soon as possible

Application Date \_\_\_\_\_

Program/s you are interested in:

Fall Enrollment (Sept-June)

Summer School

Days: MWF

or TT

or M-F

Child's full name:

Date of birth:

Mother's name:

Address:

Father's name:

Address:

Occupation:

Place of employment & address:

Occupation:

Place of employment & address:

Phone #s:

home \_\_\_\_\_

work \_\_\_\_\_

cell \_\_\_\_\_

Phone #s:

home \_\_\_\_\_

work \_\_\_\_\_

cell \_\_\_\_\_

Name and age of siblings:

Previous schools your child has attended:

Why are you choosing White Rose for your child? What are your expectations?

Give a short description of your child's interests, strengths, challenges, fears, needs and social interactions.

How does your child spend his/her free time?

How much time, on average, does your child spend -

	Per weekday	Per weekend
Listening to radio/tapes	_____	_____
Watching TV/movies	_____	_____
Playing computer games	_____	_____

I ask that you consider your child’s television viewing habits in light of the increasing evidence of its adverse effects on children and their development. 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 your are able.

How did you hear of White Rose Preschool?

Please use this space for any other comments you would like to make concerning your application to White Rose.

Thank you for enrolling in White Rose Preschool. We look forward to creating a wonderful relationship with you and your child.