



Please attach a recent photo of applicant here  
*(Optional)*

This application is to be completed by a parent or guardian.

A non-refundable application fee of **\$50.00** is required of each applicant.

**OPEN ENROLLMENT**

*(Applications are accepted throughout the year and admission is granted on a rolling basis permitting there is space available).*

**Applicant Information**

- Applying for:  3-Day Nursery       5-Day Nursery       Kindergarten
- 1st Grade       2nd Grade       3rd Grade       4th Grade
- 5th Grade       6th Grade       7th Grade

For the year beginning Fall \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
First Middle Last Nickname (if any)

Date of Birth: \_\_\_\_\_  Male  Female

Primary Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Current School: \_\_\_\_\_

Electronic school communication should be sent to: \_\_\_\_\_  
Primary Email Address

**For Office Use Only**

Application Received: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Check # \_\_\_\_\_

## Parent/Legal Guardian Information

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: ( same as above) \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Industry: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Are you the primary contact?  Yes  No

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: ( same as above) \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Industry: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Are you the primary contact?  Yes  No

## Marital Status of Parents

Married  Separated  Divorced  Widowed  Unmarried

Father Remarried  Father Deceased  Mother Remarried  Mother Deceased

Custody  Father  Mother  Other \_\_\_\_\_  
Relationship

Visitation Rights  No  Yes

Tuition Paid By  Father  Mother  Other \_\_\_\_\_  
Relationship

## Brother(s) and/or Sister(s) of Applicant

Name \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Child's History

How was the pregnancy? \_\_\_\_\_

Hospital birth     Home birth

How was the birth? *(If adopted, please see last page.)* \_\_\_\_\_

Approximate weight at birth? \_\_\_\_\_

Was child breastfed?     Yes     No    If so, until what age? \_\_\_\_\_

At what age did your child:    Crawl? \_\_\_\_\_    Walk? \_\_\_\_\_    Speak? \_\_\_\_\_    Become Toilet Trained? \_\_\_\_\_

Does your child wet the bed?     Yes     No    If so, under what circumstance? \_\_\_\_\_

Are there any letters or sounds your child does not speak yet (such as R, Y, D's)? \_\_\_\_\_

Do both parents reside in the home?     Yes     No    If not, does child have contact with both? \_\_\_\_\_

Describe arrangements \_\_\_\_\_

Were there any complications or extraordinary circumstances in the first years of your child's life? \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

Describe any learning programs or playgroups in which your child has been involved \_\_\_\_\_

Has your child been immunized? Any restrictions or adverse reactions? \_\_\_\_\_

Illnesses:     Measles     Mumps     Chicken Pox     Other: \_\_\_\_\_

Vulnerable areas in your child's health:     Lungs     Stomach     Constipation     Ears

Nose     Throat     Other: \_\_\_\_\_

Any Allergies?     Yes     No    If so, what? \_\_\_\_\_

Any current Medications?     Yes     No    If so, what? \_\_\_\_\_

Injuries sustained?     Yes     No    If so, what? \_\_\_\_\_

Food preferences?     Yes     No    If so, what? \_\_\_\_\_

Is child undergoing any psychiatric or psychological therapy?     Yes     No

If yes, Therapist's Name: \_\_\_\_\_

Nature of therapy: \_\_\_\_\_

What time does your child awaken? Weekdays: \_\_\_\_\_ Weekends: \_\_\_\_\_

How does your child awaken? Dreamy Cheerful Crabby Other: \_\_\_\_\_

Does your child nap each day? Yes No If so, how long? \_\_\_\_\_

What time does your child go to bed? Weekdays: \_\_\_\_\_ Weekends: \_\_\_\_\_

What, if any, are the bedtime rituals? \_\_\_\_\_

Does your child fall to sleep easily? Yes No Does he/she sleep through the night? Yes No

Any history of recurring dreams or nightmares? \_\_\_\_\_

What does your child eat for breakfast? \_\_\_\_\_

Do you or your child follow any special diet: Yes No If so, what? \_\_\_\_\_

What food(s) does your child like most? \_\_\_\_\_

What food(s) does your child like least? \_\_\_\_\_

What meal(s) does your child have with entire family? \_\_\_\_\_

What time are the meals? \_\_\_\_\_

Does your child have regular chores? Yes No If so, what? \_\_\_\_\_

Does your child tidy up his/her room or play area? Yes No

How would you describe your child's temperament? \_\_\_\_\_

\_\_\_\_\_

How do you discipline your child? (provide examples) \_\_\_\_\_

Describe your family's weekend activities: \_\_\_\_\_

How successful are you at providing rhythm and routine in your child's life? \_\_\_\_\_

What language(s) is spoken at home? \_\_\_\_\_ By the Child? \_\_\_\_\_

Describe home life or attitudes that you consider different or unique: \_\_\_\_\_

\_\_\_\_\_

What festivals does your family celebrate? \_\_\_\_\_

\_\_\_\_\_

Childcare: Parents only Grandparents Caregiver: \_\_\_\_\_ hours per week

Does your child have any extended family? Yes No If so, describe the relationships: \_\_\_\_\_

\_\_\_\_\_

Media Activity Information

The Waldorf School of Pittsburgh has a policy of little or no media exposure for its students, especially for those under age 10.

Are you willing to work with your child's teacher to eliminate/reduce media exposure for your child? Yes No

Please describe your child's habits in relation to television, movies/video, video games and computer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of music do you and your child(ren) listen to at home? \_\_\_\_\_

Extracurricular Activity Information

What activities does your family do together that the child enjoys? \_\_\_\_\_

\_\_\_\_\_

Does your child swim? Yes No

Take part in other physical activities, organized sports, lessons, classes? Yes No

If so, describe: \_\_\_\_\_

Does your child have special interests? Yes No If so, describe: \_\_\_\_\_

If your child has siblings, describe their relationship and play patterns: \_\_\_\_\_

\_\_\_\_\_

Does your child have imaginary playmates? Yes No If so, give names and describe:

\_\_\_\_\_

Does your child have any pets? Yes No If so, describe: \_\_\_\_\_

Does your child like playing alone? Yes No If so, describe: \_\_\_\_\_

What kind of play and toys does your child enjoy most? \_\_\_\_\_

Is there a special toy/doll/blanket? Yes No If so, describe: \_\_\_\_\_

What is your child's outdoor play environment? \_\_\_\_\_

Is there anything you feel is important to your child's biography that has not been covered within this application?

Yes No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear of The Waldorf School of Pittsburgh? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you choosing Waldorf education for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Adoptive Family

Please share with us any relevant information you may know about your child's birth and early life. Please feel free to use the questions below as a guideline.

Relevant circumstances of the birth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At what age was your child adopted? \_\_\_\_\_

What style of adoption?        Open      Closed      International      Domestic

Circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child know that he/she is adopted?     Yes                        No

Children can show a wide range of emotional adjustment, which changes as children mature. Please share some of the language used in your family to discuss your family, child's birth parents, birth and/or adoptive siblings, etc. so that we may best support your family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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The Waldorf School of Pittsburgh is a community school and parents are expected to join us in the adventure of education. If your child were to be accepted and enrolled in this school, in what ways would you be interested in participating? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
(Signature of parent or guardian)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Signature of person to be financially responsible, if different)

Date: \_\_\_\_\_

Please check here to receive information about scholarship assistance, or call the Enrollment Coordinator at 412.441.5792 ext. 224 and request our application materials for scholarship. Applying for scholarship does not affect your child's admission.