

Parent/Legal Guardian Information

Parent/Guardian's Name: _____ **Email:** _____

Home Address: _____

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

Signature: _____ Date: _____

(Signature of parent or guardian)

Signature: _____ Date: _____

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

By signing this application/contract and upon acceptance of my child into the Little Friends Program; 1) I acknowledge that I have received a full written description of the features and duties of the Little Friends program; 2) I am committing myself to any and all financial or other obligations associated with the program; 3) I obligate myself to pay any and all collection fees and costs that are incurred to collect any past due amounts.

Child's History

How was the pregnancy? _____

Hospital or Home birth

How was the birth? _____

(If adopted, please see last page).

Approximate weight at birth? _____

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

At what age did your child: Teethe? _____ Crawl? _____ Walk? _____

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? _____

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? No Yes If so, what? _____

Any current Medications? No Yes If so, what? _____

Injuries sustained? No Yes If so, what? _____

Food preferences? No Yes If so, what? _____

Home and Family Rhythms

What time does your child awaken? Weekdays: _____ Weekends: _____

How does your child awaken? Dreamy Cheerful Crabby Other: _____

Does your child nap each day? No Yes 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

What does your child eat for breakfast? _____

Do you or your child follow any special diet: No Yes 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? _____

How would you describe your child's temperament? _____

Childcare: Parents only Grandparents Caregiver: _____ hours per week

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

Child's Play

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 caregiver to eliminate/reduce media exposure for your child? No Yes

Please describe your child's habits in relation to television/movies/video:

What types of music do you and your children listen to at home? _____

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

Is there a special toy/doll/blanket? No Yes 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?

No Yes If so, describe: _____

How did you hear of The Waldorf School of Pittsburgh? _____

Why are you choosing Little Friends program at the Waldorf School of Pittsburgh 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? No Yes

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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