



**RUDOLF  
STEINER  
SCHOOL**  
OF ANN ARBOR

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_

**Pre-Kindergarten & Kindergarten Application**

**Thank you for filling out this form as completely as possible. This form is confidential and is for the exclusive use by the faculty to better address the specific education requirements of your child.**

School year:  2018-19  2019-20

Grade applying for: Pre-K \_\_\_\_\_ K \_\_\_\_\_

**Program Options:**

3 Mornings (M-W) _____
(3 Day, 3-4 yrs, PreK only) 3 Full Days _____
3 Days All Day _____
(4/5 Day, 3-6 yrs, PreK/K) 4 Mornings (M-Th) _____
4 Full Days _____
4 Days All Day _____
5 Mornings (M-F) _____
5 Full Days _____
5 Days All Day _____

Mornings: 8:30 AM - 12:15 PM

Full Days: 8:30 AM – 3:00 PM

All Day: includes Before and Aftercare (7:30 AM-6:00 PM)

**Student Information**

Student's full legal name \_\_\_\_\_ Birth date \_\_\_\_\_

Student's primary address \_\_\_\_\_

Gender Identity \_\_\_\_\_

**Parent/Guardian Information**

**Household 1**

Parent or guardian \_\_\_\_\_ Occupation: \_\_\_\_\_

Home address \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Partner name \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

**Household 2 (if applicable)**

Parent 2 or guardian \_\_\_\_\_ Occupation: \_\_\_\_\_

Home address \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Partner name \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

**Sibling Information**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

**Student Information**

School currently attending \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's name \_\_\_\_\_ May we contact them? \_\_\_\_\_

School address \_\_\_\_\_

School telephone \_\_\_\_\_ School fax \_\_\_\_\_

**Day-care or Pre-School History**

How was/is your child's experience at your current school (if applicable)?

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

Please provide the name(s) of previous programs and dates of attendance, if any:

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

Is your child involved in any extra-curricular activities? No \_\_\_\_\_ If yes please list:

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

Please give a description of your child's social/emotional development:

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

Does your child nap? If so, what is the time and duration of the nap and what helps your child sleep?

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

Does your child have food allergies? No \_\_\_\_\_ Yes? \_\_\_\_\_ Please explain:

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

**Developmental History**

Did your child crawl? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

At what age did your child walk? \_\_\_\_\_

At what age did your child speak? \_\_\_\_\_

Does your child use the toilet independently? \_\_\_\_\_

Note: To attend, all children are required to be fully toilet trained by the first day of school.

Have you ever sought counseling or professional evaluation of your child?  Yes  No.

If yes, please provide a copy of the results.

Date	Type of Evaluation
	Speech and language
	Referral for hearing evaluation
	Referral for vision testing
	Testing for learning disabilities
	Psychological evaluation and/or counseling
	Sensory and motor evaluation (OT and PT)

Is there anything else that you feel we should know about your child’s development and needs from pregnancy and birth to the present?

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What do you hope to receive from our program for your child and family?

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What is your long term vision for your child’s educational future?

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**Fee: A \$60 nonrefundable processing fee must accompany this application.**  
**Please make your check payable to “RSSAA”, memo “Lower School Application Fee.”**  
**Thank you!**

***Rudolf Steiner School of Ann Arbor admits students of any race, religion, national or ethnic origin.***