

The Clover Hill School

Campus address: Christ Episcopal Church, 2 Emerson Street, Norwalk, CT 06855

Application for 2011-2012 Enrollment

Date: _____

I'm interested in (please check preference):

Mixed Age Kindergarten 3-6 yrs 8:30am-12:30pm

"Growing Together" Program

3-day or 5 day Afternoon Program - call for details

for Moms, Dads and Children 12mos.- 3 yrs.
(complete pages 1 & 4 only)

Applicant Information:

Child's full name: _____ Boy Girl

Birth date: _____ Place of Birth _____

Child likes to be called _____

Does the child speak any languages other than English? Which one(s)? _____

Schools or Programs child has attended	Address (city, state, zip)	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Information:

Parent/Guardian (1)

Full Name _____

Address _____

City, State Zip _____

Occupation _____

Employer _____

Employed: Full Time Part-Time N/A

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Parent/Guardian (2)

Full Name _____

Address _____

City, State Zip _____

Occupation _____

Employer _____

Employed: Full Time Part-Time N/A

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Parents' marital status: Married Separated Divorced Single Remarried Other _____

If the applicant does not live with both parents, please describe the applicant's living situation:

If parents live separately, to whom should correspondence be sent and at what address?

Please supply any pertinent information about grandparents, stepparents and/or guardians regularly involved with the child (e.g. age, location, marital status):

Is there anyone at home who shares responsibility for the child (relative, nanny or caretaker)? Yes No

Please describe:

Information about your child:

Please share with us any information that will help us get to know your child, such as information relating to pregnancy, birth, adoption, and first year experiences. (Attach an additional sheet if necessary.)

Is your child potty-trained? Yes No

Has your child had any serious or chronic illnesses, accidents or injuries?

Any food or other allergies?

Present medications, if any?

Does your child have any strong likes or dislikes (food, clothing, noises, etc.)?

Does your child have any special needs or fears?

Present regular bedtime: _____ p.m.

Present rising time: _____ a.m.

What does your child enjoy doing?

What do you (both parents) enjoy doing with your child? _____

Are there activities that your child avoids or strongly dislikes? _____

Are there any other children in your family?

Sibling Name/Birthdate

How do they get along with the Applicant and each other?

_____	_____
_____	_____
_____	_____

Who disciplines your child at home, and what form(s) of discipline are used? _____

How many hours per week is media a part of your child's life?

Television ___hrs, Videos ___hrs, Computer ___hrs, Electronic Games ___hrs, Movie Theatre ___times/wk

If asked by the teacher to limit television and video viewing, movie going, video-game playing or computer time for your child, would you have any difficulty complying with this request? Yes No

If Yes, please elaborate. _____

Parent Statement:

How did you learn about The Clover Hill School? (e.g. internet, ad, friend, posted flyer, current parent)

Did you already know about Waldorf Education? If so, how? _____

Please explain your interest in The Clover Hill School and your reasons for choosing Waldorf Education. Feel free to include any information that will help complete our picture of your child. (Attach an additional sheet if necessary.)

Parent Statement cont'd:

Tuition and Enrollment Policies:

Before submitting this application, you should have received the information on the tuition and enrollment policies for our Mixed-Age Kindergarten and Growing Together, our parent & child program. We will assume they are understandable and acceptable to you when we receive, and start to review, your application. Given current economic conditions, we are aware that some parents may have questions about the financial arrangements and tuition payment plan options. If you have questions, we ask you to let us know as soon as possible. As a new School, Clover Hill is not able to offer scholarships. However, we may be able to make arrangements that help to ensure that, if accepted, you child will attend Clover Hill. Like to discuss? Yes___
No___

Additional Comment/Questions/Suggestions:

Have you visited our classroom and play yard? Yes No Any comments or suggestions?

Parent or Guardian Signature _____ Date: _____

The nonrefundable application fee for the Mixed-Age Kindergarten is \$40, and for the Growing Together program is \$25. Please return your application together with the appropriate fee to our mailing address:

The Clover Hill School
P.O. Box 206
Riverside, CT 06878-0206

The Clover Hill School does not discriminate against any individual on the basis of race, religion, gender or ethnic origin in matters of admissions or employment policies and practices.

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(203) 661-6484 // www.thecloverhillschool.org