

# The Clover Hill School

P.O. Box 206, Riverside, CT 06878-0206 / (203) 661-6484 / www.thecloverhillschool.org

## Application for 2010 Enrollment

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

I'm interested in (please check preference):

\_\_\_ Mixed Age Kindergarten (ages 3-6)

\_\_\_ "Growing Together" Program

\_\_\_ 3-day OR \_\_\_ 5 day

for Moms, Dads and Children under 4

### 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:

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

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

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

Please describe:

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**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. Please share your child's first year experiences and milestones such as crawling and walking (Attach an additional sheet if necessary.)

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Is your child potty-trained?  Yes  No

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

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Any food or other allergies?

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Present medications, if any?

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

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Does your child have any special needs or fears?

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Present regular bedtime: \_\_\_\_\_ p.m.

Present rising time: \_\_\_\_\_ a.m.

What does your child enjoy doing?

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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? \_\_\_\_\_

Have you visited our Norwalk classroom?  Yes  No When? \_\_\_\_\_

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:**

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**Tuition and Enrollment Policies for Norwalk Programs:**

Before submitting this application, you should have received the information on the tuition and enrollment policies for our Norwalk kindergarten and parent & child programs. 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:**

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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:

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.*