



Saltwater School Kindergarten Application

Family Information

Student

Student's Full Name: _____ Female Male

Date of Birth: _____ Year Applying for: _____

Address: _____

Describe child's play group experiences (daycare, play groups, etc., what, where and how long?)

Please list most recent preschool, telephone number, and name of teacher:

Parents

Mother

Name: _____

Address: _____

Phone: _____ (hm) _____ (wk)

Occupation: _____

Interests, hobbies, talents: _____

Father

Name: _____

Address: _____

Phone: _____ (hm) _____ (wk)

Occupation: _____

Interests, hobbies, talents: _____

Step Parents (if any)

Step-Father _____

Step-Mother _____

Occupation: _____

Occupation: _____

Business Phone: _____

Business Phone: _____

Interests, hobbies, talents: _____

Interests, hobbies, talents: _____

With whom does the child live? Please describe daily living arrangements:

Brothers and sisters (name, age, grade in school, name of school):

Child's History and Health

(Continue on additional sheets if necessary)

Briefly describe pregnancy: _____

Hospital Birth: _____ Home Birth: _____ Birth Weight: _____

Difficulties related to Birth: _____

At birth was child born premature or to term, or after due date? _____

Breast fed? _____ Age discontinued? _____

Age began: Sitting: _____ Crawling: _____ Walking: _____ Speaking: _____

Is child able to sleep alone in his/her own bed? _____

Present physical and emotional health (any concerns?) _____

Has your child been immunized? Yes No. If yes please bring in immunization book or form to be photocopied.

Please tick if your child has had any of the following conditions, and approx dates.

- | | | | | |
|----------------------------------------------------|-----------------------------------------|---------------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Concussion | <input type="checkbox"/> Convulsion/fits |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> German Measles (Rubella) | | <input type="checkbox"/> Hay fever |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Ten day measles (Rubeola) | <input type="checkbox"/> Whooping Cough | | | |

Results and approximate dates of: _____

Medical check up _____ Dental Check up _____

Hearing check up _____ Vision check up _____

Describe any conditions we may need to be aware of:

List any food, drug or environmental allergies:

Current medications/ supplements and treatments for above:

Any major surgeries or hospital stays?

Home and Family Rhythm:

Describe how child awakens (dreamy, cheery, crabby, etc.): _____

Child's bedtime: _____ Time child awakens: _____

Home handling of child's behavioral problems: _____

Describe any habits (thumb-sucking, nail-biting, hair-twisting, etc.): _____

Describe any special need or fears: _____

Activities outside school: _____

Describe typical play activities: _____

Average daily hours of TV: ____ Videos: ____ Video Games: ____ Radio: ____ Computer: ____

Average weekend hours of TV: ____ Videos: ____ Video Games: ____ Radio: ____ Computer: ____

What are you hoping to find in this education for your child? _____

What parenting topics are of interest to you? _____

How did you hear about Saltwater School? _____

Please use this space to include any further information you would like to share about your child:

I / We understand that all financial arrangements for tuition payments will be made through the Admissions Office, that the \$50 fee is non refundable and that this application is valid only for the grade and year noted.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

(note: forms filled online can be signed at parent/teacher meeting)