



5555 Little Flower Avenue
Cincinnati, OH 45239
(513) 541-0220 ext 103
www.cincinnatiwaldorfschool.org

Application for Early Childhood Enrollment

A non-refundable application fee of \$25.00 must accompany this application.

Child's Name _____ Birthdate _____

Which programs are you considering for your child? (Please circle all that apply)

2-day Nursery 3-day Nursery 5-day Nursery 3-day Kindergarten 5-day Kindergarten
lunch bunch 12:00 p.m. – 1:00 p.m. early extended day 12:00 p.m. – 3:00 p.m. late extended day 3:00 p.m. – 5:30 p.m.

Year/Month of desired entry _____ School District of Residence _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Home Phone _____ Home Phone _____

Other Phone _____ Other Phone _____

Email Address _____ Email Address _____

Please list the names and ages of all other people living in the home: _____

Who is financially responsible for school expenses? _____

If someone referred you to the Cincinnati Waldorf School, who may we thank? _____

How did you learn about the Cincinnati Waldorf School? _____

(over please)

Please describe your child's personality: _____

Were there any complications or extraordinary events in the child's life from birth to present? Please explain: _____

What is the general health of your child? (Please include any allergies, chronic illnesses or prolonged medications) _____

Describe aspects of your home life that you consider to be unique: _____

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