

The Children's Garden Preschool

2024-2025 Application Form

Child's **full** name: _____

Date: _____

Preferred Name: _____

Birthday: _____

Information about your family:

Parent name:

Address:

Occupation:

Place of work:

Contact information:

Phone: _____

Email: _____

Parent name:

Address (if different from the above):

Occupation:

Place of work:

Contact information:

Phone: _____

Email: _____

Siblings:

Number of older siblings: _____ Number of younger siblings: _____

What do you like to do as a family?

Information About Your Child:

Please describe your child's previous group experience.

Describe your child's favorite activities, inside and outside. Any dislikes?

Describe your child's personality, strengths and challenges.

Please give any information concerning your child that would be helpful in his/her experience in small group settings (such as play, eating and sleeping habits, special fears, special likes or dislikes).

Hours of visual media exposure (Screen-time, TV, videos/movies, computer):

Daily: _____ Weekends: _____

Hours of audio media exposure (radio, CDs, music, podcasts): _____

What is your child's morning wake up time: _____ Bedtime: _____

Child's Medical Information:

Describe your child's general health:

Does your child have any known allergies? _____ If so, please specify:

Any special developmental, educational or medical needs?

Information About You:

What are some of your interests?

Please list any special skills, resources, or festivals you might want to share with your child's class or the community.

Other Information:

What are your reasons for applying to The Children's Garden?

How did you hear about The Children's Garden?

Are you familiar with Waldorf Education? _____

Are you considering sending your child to The Emerson Waldorf School? _____

Enrollment Information:

How many days a week are you interested in sending your child to The Children’s Garden? 2, 3, or 4 days a week? _____

If you have a strong preference for days you want, or days you do not want, please indicate that here:

	Monday	Tuesday	Wednesday	Thursday
Preferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not preferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Signature of parent(s):

_____ Date _____

_____ Date _____

Please return completed form, with a \$25 application fee payment to:

USPS Mail or drop-off:

The Children’s Garden Preschool
3928 Hope Valley Road
Durham, NC 27707

Or, you may complete this form and return a scanned/electronic copy via email:

tcgdurham@gmail.com

Application fee payment options:

Checks: Please make checks out to: The Children’s Garden Preschool

Online: <https://the-children-s-garden-preschool.cheddarup.com>