

Starseed Forest Kindergarten 2016-2017 Application

1. How many days would you like your Starseed to attend? (Circle one)
 - A. 4 days per week - Monday - Thursday: Half Day 9:00 am - 1:00 pm
\$3880-\$5550 per year sliding scale, paid over 10 months.
 - B. 2 days per week - Half Day
\$2220-\$4240 per year sliding scale, paid over 10 months.
 - C. Rising Starseed (age 6 and up) full day 9:00 am - 1:00 pm
\$4440 - \$6880 per year sliding scale, paid over 10 months.
2. Child's name
3. Child's age
4. Child's Birthdate
5. Parent/guardian name
6. Email address
7. Phone number
8. Will your child need to utilize our van transportation service?
 - a. An additional fee of \$50 monthly will apply. Van seats are limited. If you live within 10 miles of our location, please give first consideration to others who live further away. Alternative carpool arrangements can be made among the parent body, please email us if you'd like to be in a carpool.
9. What is your financial commitment from the sliding scales offered?
10. Who is responsible for payment of fees?
11. Primary care physician name
Physician phone number
12. How long has your child been using the toilet independently? It is a requirement that all Starseeds be fully toilet trained before joining our program.
13. Any special health considerations - allergies, dietary, medications, injuries?
14. List three emergency contacts with phone numbers
 - a.
 - b.

c.

15. Please briefly describe your child's ability in each of the following areas:

a. Interactions with peers

b. Interactions with adults

c. Ability to understand spoken directions

d. Coordination (large motor skills)

16. Mother's name and phone number

17. Father's name and phone number

18. Name(s) and age(s) of siblings

19. Does the child live with both parents?

20. Does the child spend time between two homes?

21. Describe your child's home(s). How long is your journey to school? Who else lives at home? What sorts of spaces are available for your child to play in? Does your child share a room with anyone?

22. What sort of media is in your home? How often does your child access it? Do you use this media with your child?

a. Books

b. Recorded books

c. Radio

d. Recorded music

e. Television (or tapes/dvds of tv programs)

f. Movies

g. Computer Games

h. Internet

i. iPhone

23. Do you have a family plan to limit electronic media for your child? If so, please share

24. What are some activities you enjoy as a family?

25. How does your family resolve conflict?

26. How does your child resolve conflict with other children?

27. Have there been any significant changes or disruptions in your child's life which could contribute to emotional upset or insecurity? How are those issues being tended for the child?

28. Please describe your child's birth. Please include anything about your pregnancy, birth plan, and delivery that you are comfortable sharing.

29. Did your child breastfeed? If so, for how long? Anything of note about your child's early development?

30. Please describe your child's bedtime routine. What time does it start? What techniques are helpful? What time is (s)he in bed? By what time is (s)he usually asleep?

31. How does your child sleep? Does your child often awake in the night? What does (s)he do if (s)he has a bad dream? Include sleep patterns, sleep talking, sleep walking, night terrors, or any other items of note.

32. Please describe your child's waking. What time does (s)he naturally awaken? Do you have any particular morning routines? Is your child wide awake from the start? A bit dreamy? Grumpy?

33. What does your child usually eat for breakfast?

34. What does your child usually eat for morning snack?

35. What does your child usually eat for lunch?
36. What does your child usually eat for afternoon snack?
37. What does your child usually eat for dinner?
38. Is your child able to articulate his/her needs?
39. Does your child enjoy playing with other children?
40. Is your child able to sit and listen to stories for at least 5 minutes?
41. Does your child attend any other classes/extracurricular activities during the week?
Weekend?
42. Please describe your child's strengths and greatest challenges.
43. Do you give permission for photos of your child to appear on the SMS website?
44. What are your goals for your child at Starseed Forest Kindergarten? (social, intellectual, spiritual)
45. Does your child have any special interests, skills, creative talents?
46. Does your child have any special needs, learning differences, or diagnosed/undiagnosed emotional or cognitive challenges? If so, please explain.
47. Has your child had previous experience with - playgroups, preschool, home/day care?
48. Are you familiar with any of the following educational approaches/philosophies: Steiner/Waldorf education, the importance of free play and nature connection, limits on media and television exposure, and/or delayed academics during early childhood? If so, please give us a brief description of your understanding or experience.