



500 Azalea Way • Vacaville, CA 95688 • (707) 449-3454

### PRESCHOOL APPLICATION

Please complete application, attach a recent photo of your child and submit with a nonrefundable \$50 application fee.  
All preschool children must be toilet trained by start of school.

Child's Full Name: \_\_\_\_\_

Name or nickname child prefers: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_ English \_\_\_ Bilingual \_\_\_ Non English Speaker Gender: \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_ or ASAP \_\_\_\_\_

Are you familiar with Waldorf Education? (Circle one) Yes or No

Days of the week to **attend as space allows** (Please rank in order of preference all schedules that are acceptable):

\_\_\_ 5 days (\$1,200/mo) \_\_\_ 3 days (\$700/mo) \_\_\_ 2 days (\$500/mo)  
\_\_\_ Aftercare

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

### MOST RECENT CHILDCARE PROGRAM

Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

School phone number or teacher contact number: \_\_\_\_\_

I give permission to Pleasant Valley Preschool to speak with my child's previous teacher

Signed: \_\_\_\_\_  
\_\_\_\_\_

Relationship to child: \_\_\_\_\_  
\_\_\_\_\_

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

## HEALTH INFORMATION

1. Please describe your child's overall health (including if there are frequent: colds, headaches, nosebleeds, fevers, respiratory illnesses, etc.): \_\_\_\_\_

\_\_\_\_\_

2. Can your child participate in all routine activities? Yes / No If no, please describe any physical challenges:

\_\_\_\_\_

3. Please list any food, drug, or environmental allergies: \_\_\_\_\_

\_\_\_\_\_

4. Please list any current medications, supplements, and/or treatments, and why prescribed: \_\_\_\_\_

\_\_\_\_\_

5. Please describe any medical conditions or physical issues your child has (e.g. vision, hearing, speech, movement, sensory integration, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please describe any serious falls or injuries: \_\_\_\_\_

\_\_\_\_\_

7. Please list the approximate date of your child's most recent:

Medical check-up: \_\_\_\_\_

Dental check-up: \_\_\_\_\_

Immunizations: \_\_\_\_\_

When did child lose first tooth? \_\_\_\_\_

Vision check-up: \_\_\_\_\_

Hearing check-up: \_\_\_\_\_

Does child require eyeglasses? Yes / No

Does child require hearing aid? Yes / No

8. Does your child have any siblings? What are their approximate ages? \_\_\_\_\_

9. Has your child had educational testing, evaluation, or assesment, or has it ever been recommended?

Yes / No If yes, please include a copy of the report or reason why it was not completed.

## **SOCIAL HISTORY**

1. Please describe your child's general disposition or temperament, including observations, insights, or concerns: \_\_\_\_\_

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2. Please list all previous school(s), preschools, or childcare centers your child has attended:

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3. Describe child's play group experiences:

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4. Please describe any learning or behavioral challenges: \_\_\_\_\_

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5. Please describe your child's social interaction with peers: \_\_\_\_\_

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6. Please describe your child's interests and activities: \_\_\_\_\_

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