

Today's date: _____

Rainbow Bridge LifeWays Program

Enrollment Application for: ___2011-12 **To start:** _____

Child's Name: _____ Nickname: _____

Child's Birth Date: _____ ___Male ___Female

Preferred enrollment options:

___Half day (pickup 12:30pm) ___ Full day (pickup 3:30pm) ___

Five-day _____ [State preferred days]

Three-day _____

Four-day _____

Two-day _____

If choosing 2- or 3-day option, do you have flexibility on choice of days? Y N

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
City, Zip: _____	City, Zip: _____
Hm Phone: _____	Hm Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Work: _____	Work: _____
Work Address: _____	Work Address: _____
Work Phone: _____	Work Phone: _____
Best way to reach parents during preschool hours:	

Please return with a \$50 Application Fee to Rainbow Bridge, 3640 Buckeye Ct, Boulder, CO 80304. A yearly Materials and Equipment Fee is due upon acceptance, to hold your child's place.

Brothers and Sisters:

<u>Name</u>	<u>Age</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents' marital status: _____

Describe living arrangements if step family, co-parenting with former spouse, etc.

What language is spoken in the home? _____ By mother? _____ By father? _____

Has your child ever been in regular out-of-home care before (where and how long)?

Has your child had a regular in-home caregiver other than a parent?

What are you looking for in having your child attend our program?

Do you have any experience with Waldorf education?

How did you hear about our program?

About Your Child:

If your child is toilet trained, at what age? Dry at night?

Does he or she take naps? At what time(s)? How long?

Does he or she fall asleep easily?

Does s/he have a regular bedtime (when)?

What time does s/he awaken on weekdays? On weekends?

Does your child and/or other family members follow a special diet? YES / NO

DESCRIBE:

Does your child have any food preferences or food allergies?

Does your child have any habits (thumb sucking, etc)?

Any fears?

Does your child watch television or videos (what programs, and how often)?

Do you take your child to movies or have computer games/programs for him or her?

How often does your child play outside?

How would you describe your child's personality?

How does your child play alone?

How does he or she play with other children?

Does your child have a special doll or toy? Imaginary friend?

Health History

Any complications during pregnancy?

Birth weight? _____ Full term? _____.

Home, hospital, cesarean, adoption, complications, etc:

Breastfed or bottlefed? If weaned, at what age?

Any congenital problems?

Allergies and reaction?

At what age did your child:

Sit up? _____ Crawl? _____ Walk? _____ Get first tooth? _____

Any hearing problems or history of ear infections?

Is your child immunized?

Does your child take any medications—what?

Health History

(Acute or recurring)

Ear Infections _____

Diabetes _____

Heart disease/defect _____

Convulsions/seizures _____

Asthma _____

Nosebleeds _____

Measles _____

Mumps _____

Chicken Pox _____

Influenza or Flu shot _____

Allergies

(Nature of reaction)

Hay Fever _____

Insect stings _____

Penicillin _____

Other drugs _____

Animals _____

Food _____

Other _____

Any injuries or hospitalizations?

Has your child been evaluated by any medical, developmental or behavioral specialists?

Anything else you would like to add? Please use the back and additional sheets if needed.