

# *The Greenwood School*

8319 Haskel Dr.  
Austin, Texas 78736  
Phone: 512-394-9171

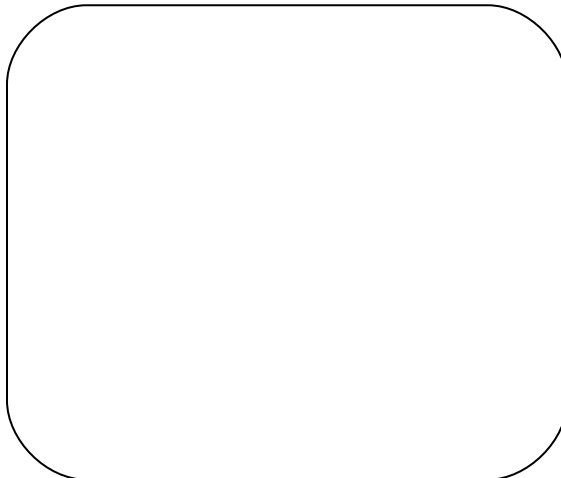
## *Application for Admission*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

*(Please attach \$50 application fee and a recent photo of your child.)*

Admission Procedure		
Tour date		
Date of Application/ App fee paid		
Desired Start Date		
Visit or "try out" day		
Enrollment Documents Submitted		
Enrollment fee paid		
Actual Start Date		
Parent Orientation Date		

Please attach or insert a recent photo of your child here.



# *The Greenwood School*

## *Application for Admission*

Full name of student \_\_\_\_\_

Name the child likes to be called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_ Alt. phone \_\_\_\_\_

Step parent's name \_\_\_\_\_ Step parent's name \_\_\_\_\_

### **Other children in the family:**

Name    Birth date                      School

\_\_\_\_\_

\_\_\_\_\_

When would you like to enroll your child? \_\_\_\_\_

Describe your childcare or preschool needs. List the type of schedule you prefer for your child. Please refer to the fee schedule that you received in your information packet. If you are in a position to be flexible, please explain that here. If both parents are working fulltime, mention that here as well. Our afternoon program is available only to children that attend Greenwood or another pre-k or kindergarten in the mornings.

\_\_\_\_\_

If space is not available for the schedule you chose, would you like to be put on the waiting list? \_\_\_\_\_

Why have you chosen to apply at The Greenwood School? \_\_\_\_\_

\_\_\_\_\_

How did you hear about The Greenwood School? \_\_\_\_\_

*Parents please note:*

*We request the following information so that we may obtain a complete picture of the developmental stages of the children that come under our care. The information will be helpful to us during the application process assuring that we have a diverse and balanced group of children in our school. We will refer to this record throughout the school year to help us serve the needs of the child and family to the best of our ability. All information will be kept confidential. Please use additional paper if necessary.*

### **Child Birth Story**

How old were the parents when the child was born? \_\_\_\_\_

Birthplace of the child \_\_\_\_\_

Describe the pregnancy. \_\_\_\_\_

Describe the birth. \_\_\_\_\_

Hospital birth? \_\_\_ Home birth? \_\_\_\_\_

If the child is adopted, at what age and under what circumstances? \_\_\_\_\_

## Early Development

Breast-fed until age \_\_\_\_\_. Bottle-fed until age \_\_\_\_\_.

Toilet trained at age \_\_\_\_\_.

Comments on child's speech, motor, and sensory development:

Describe any complications or extraordinary events so far in the child's life. Include trauma, grief and loss for the child and anyone in the immediate family. \_\_\_\_\_

Who has cared for your child in your absence? Please describe the types of situations in which you have left your child in the care of other people, such as baby sitters and grandparents. \_\_\_\_\_

Please describe any early childhood programs and/or schools that your child has attended. \_\_\_\_\_

We would like to contact your child's previous caregiver or teacher. His or her feedback can be helpful in determining if our program is a good match for your child. If this part of the application process is acceptable to you, please provide contact information here for the person who has most recently been caring for your child.

Caregiver's name \_\_\_\_\_

Name of center or program \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

## Current Health

Height \_\_\_\_\_ Weight \_\_\_\_\_ Vision and Hearing Screening Results? \_\_\_\_\_

Right-handed \_\_\_\_\_ Left-handed \_\_\_\_\_ Right-eyed \_\_\_\_\_ Left-eyed \_\_\_\_\_

(Have him/her look at you through a paper towel roll. Which eye does he or she use?)

Describe any chronic conditions, allergies or susceptibility to illness. \_\_\_\_\_

Is the child taking any over the counter or prescription medications? Please list the medications and the symptoms or ailment they treat. List any non-prescription remedies, supplements and medications that your child takes on a regular basis. Include herbals, homeopathies, flower essences, over-the-counter medication, prescription medication, and supplements. Include those that are given as needed such as allergy medication. \_\_\_\_\_

Describe any food restrictions. \_\_\_\_\_

Describe any activity restrictions. \_\_\_\_\_

Describe any reactions your child has had to medicines and immunizations no matter how mild the reaction might have been. \_\_\_\_\_

## Home and Family

How does your child awaken? (Dreamy, cranky, cheery, grumpy, clear headed, etc.) \_\_\_\_\_

Describe your child's typical breakfast foods. \_\_\_\_\_

What meals does your child eat with the entire family, and at what time? \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_

What, if any, is your child's bedtime routine? \_\_\_\_\_

Does your child fall asleep easily? \_\_\_\_\_ Sleep through the night? \_\_\_\_\_

Sleep alone? \_\_\_\_\_ Nap? \_\_\_\_\_ Time and duration of naps. \_\_\_\_\_

Does your child talk about dreams? Give examples if possible. Are there any reoccurring dreams or nightmares?

Is the child using "Pull-ups" or diapers at any time during the day or night? If so, when? \_\_\_\_\_

Does your child have regular contact with both biological parents? Describe any special circumstances regarding parents, foster parents, adopted parents, noncustodial parents and guardians. \_\_\_\_\_

Children often share stories about the people in their lives. To assist us in interpreting the characters and events of your child's stories, please briefly tell us about the people in his or her life. Include relatives and friends with whom they have frequent or regular contact. \_\_\_\_\_

List languages that the child speaks fluently or learning through regular exposure. \_\_\_\_\_

Children often question ideas and beliefs of a spiritual or religious nature. Teachers can better satisfy and guide their curiosity when they know a bit about the family's spiritual and religious practices at home or church. Please share some of the practices, beliefs and mythologies recognized and/or celebrated in your family. Please include traditions you may have for the tooth fairy, Santa, St. Nicholas, and the Easter Bunny. \_\_\_\_\_

### **Child's Diet**

Describe your child's diet. \_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

What are your child's least favorite foods? \_\_\_\_\_

List any strong likes or dislikes regarding texture, flavor or taste? \_\_\_\_\_

### **Child's Temperament and Behavior**

Does your child suck thumb or fingers? If so, when or how often? \_\_\_\_\_

Please describe any item to which you child has attachment such as a blanket or stuffed animal. \_\_\_\_\_

Does your child put toys in his or her mouth? \_\_\_\_\_

Are there particular circumstances or environments that cause the child to become upset or anxious? Describe what happens. How do you generally remedy the situation? \_\_\_\_\_

How do you discipline your child? Give examples. \_\_\_\_\_

What responsibilities does your child have at home? Putting away toys, setting the table, dressing, pet care, etc. \_\_\_\_\_

### **Activities**

List and briefly describe your child's favorite music/songs. \_\_\_\_\_

List and briefly describe your child's favorite books/stories. \_\_\_\_\_

List and briefly describe your child's favorite play activities. \_\_\_\_\_

List and describe classes or activities in which your child will be enrolled during the school year. \_\_\_\_\_

List your child's favorite movies and TV shows. \_\_\_\_\_

List a rough estimate of your child's TV schedule for the various days of the week. \_\_\_\_\_

Please list/name and describe all family pets. \_\_\_\_\_

List or describe activities that your child enjoys with other children his or her age. \_\_\_\_\_

List any family activities that your child enjoys. \_\_\_\_\_

How much time does your child spend outside? List or describe activities that your child enjoys outside. \_\_\_\_\_

## Special Needs

Has your child ever been assessed for developmental problems or delays? \_\_\_\_\_

If so, what are the recommendations of the practitioner, doctor or therapist? \_\_\_\_\_

Has your child taken part in any counseling or therapy? If so, was the experience helpful? \_\_\_\_\_

Does your child have any physical, social or emotional challenges? \_\_\_\_\_

Are there any special family situations impacting your child that you would like for us to know about? \_\_\_\_\_

Has your child ever had unexpected separation from either parent due to illness, hospitalization, travel, incarceration, etc? Please describe the circumstances and the child's reaction to the separation. \_\_\_\_\_

Online media has become an important part of how we market our program and how we share our special moments with parents. Please share how you feel about photographs and videos of your child being shared via Facebook, YouTube and/or our website. We never publicize the name of the child, however if you are a Facebook friend, we might "tag" you. \_\_\_\_\_

Is there anything you feel is pertinent to your child's biography that has not been covered by the previous questions that you would like to share with us? (e.g. special interests or abilities, physical characteristics, behavioral/medical/emotional problems to overcome, academic strengths and weaknesses, etc.) \_\_\_\_\_

When a child at Greenwood is hurt or upset, we may administer homeopathic remedies or calming herbal teas to help the child cope with the situation. We may use Bach Flower remedies such as Rescue Remedy to sooth the child's stressful experience. We may use an herbal topical cream such as *calendula* and homeopathic sublingual pellets such as *arnica* for minor injuries. We ask for your trust and understanding that in our philosophy, these herbal and homeopathic treatments are part of our job to care for children. When we have a concern about a child's wellness, we contact the parent immediately, but in the meantime, it is nice to be able to support the child with a mild and safe remedy. Please comment here if you have objections to our administering these remedies for your child. \_\_\_\_\_

## Financial

Who is responsible for paying school expenses? \_\_\_\_\_

*Please note—The Greenwood School would like to assist families for whom the full cost of private childcare is beyond their reach. If you are interested in receiving tuition assistance information, please contact the owner/director, Tracy Schagen, at 512-394-9171.*

I hereby apply for admission for my child as a student at The Greenwood School and enclose a \$50.00 application fee. I verify that the above information is true, complete and correct to the best of my knowledge. I understand that my child's acceptance is conditional upon the agreement of the class teacher following a classroom visit and a parent interview. I understand that a place in the class will be held for my child only after teacher acceptance and payment of first month's tuition.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date