# Berkeley Rose School Application for Grades 1, 2, & 3

# **APPLICATION FOR ADMISSION, FALL 2017**

Office Use Only:	Application	fee check recei	ved by	on	[0	Check #: ]	
If you require phys	sical assista	nce or a translat	ion to fill out	this form, pleas	e contact I	Berkeley Rose.	
Child's Full Name	::						
Gender:	Male	Female	Date of Birt Place of Birt				
Application Date:				en House/Tour	· Attended	:	
2nd Grade	8:30am - 2 <b>9</b> 8:30am - 2	arollment: 2:30pm (age 6 2:30pm (age 7 3:00pm (age 8	by June 1, 2	<b>017)</b> \$17,460		Please enclose a photo (any size) of your child and check for the non- refundable application fee of \$75).	
PARENT'S NAME &	RELATION	<u>.</u>	PAREN	NT'S NAME & RE	ELATION:		
ADDRESS:			ADDR	ESS:			
HOME PHONE:			HOME	PHONE:			
WORK PHONE:		WORK	WORK PHONE:				
CELL PHONE:			CELL I	CELL PHONE:			
EMAIL:			EMAIL	:			
EMPLOYER:				EMPLOYER:			
OCCUPATION:			OCCU	PATION:			

# YOUR RELATIONSHIP TO BERKELEY ROSE & WALDORF

Why are you interested in having your child experience Waldorf education?				
How did you originally learn about the Berkeley Rose School?				
Are you acquainted with anyone currently at a Waldorf school?				
Are you planning to continue your child's education through the Grades at Berkeley Rose? Why or why not?				
CHILD'S CHARACTER				
1. What activities does your child enjoy at home?				
2. Please describe any activities or hobbies your child has outside of school:				
3. How would your characterize your child's strengths?				
4. How would your characterize your child's challenges?				

## **HEALTH INFORMATION**

Please describe your child's general disposit concerns:	ion or temperament, including observations, insights, or
2. Can your child participate in all routine physichallenges:	ical activities? Yes / No If no, please describe any physical
3. If applicable, please describe your child's padifficulties:	st or present learning, behavioral, physical, or emotional
4. Please list any food, drug, or environmental	allergies:
5. Please list any current medications, supplen	nents, and/or treatments, and why prescribed:
6. Please describe any physical or medical convision, hearing, speech, movement, sensory in	ditions the teacher/school may need to be aware of (i.e. tegration, etc.):
7. Please list the approximate date of your chil	d's most recent:
Medical check-up:	-
Vision check-up:	Does child require eyeglasses? Yes / No

Dental check-up:	When did child lose her/his first tooth?			
Hearing check-up:	Does child require hearing aid? Yes / No			
8. Is your child right or left-handed?				
children in his/her school? Has an evaluation,	testing in addition to what is routinely administered to all IEP, assessment, or consultation with a physician ever been ide a copy of the report with this application.			
ACADEMIC AND SOCIAL HISTORY				
Most Recent School Name:	Current Grade			
Teacher's Name:				
School phone number or teacher contact num	ber:			
I give permission to Berkeley Rose School to s	peak with my child's previous teacher.			
Signed:				
Relationship to child: Da	te:			
1.Please list all previous school(s) attended:				
<ol><li>Please describe your child's experience at h challenges:</li></ol>	er/his previous school, including academic strengths and			
3. Please describe your child's social interactio	n with herh/is peers:			
<ol> <li>Please describe your child's artistic interests entertainment, etc.):</li> </ol>	s and talents, and activities outside school (hobbies, sports,			

5. Please list the number of hours per week your child watches television, videos, or plays on the computer or other electronic and gaming systems:
FAMILY LIFE AND EMOTIONAL DEVELOPMENT
1. With whom does the child live? Please describe your child's living arrangement:
2. Please describe your child's daily chores:
3. Please describe your child's daily routine for meals and bedtime:
4. Please list sisters and brothers (name, age, grade in school, name of school):
5. Please describe your child's relationship with her/his sibling(s):
6. Please describe how you discipline your child at home:

#### **APPLICATION PROCESS**

1. Please list a	ny quest	ions or	concern	s you m	ay have	for the t	eacher:	
2 Through wh	ام مسمط	a da va	:	to ones	م سرمرد ال	r:140		
2. Through wh	_	•			•			
(Please circle)	1	2	3	4	5	6	7	8
3. Is enrollmen	t depen	dent up	on finan	cial assi	stance?			
4. Please list w	ho will s	sign the	enrollm	ent agre	ement a	ınd be re	esponsible	e for payment of tuition and other

#### **ENROLLMENT PROCEDURE**

school costs:

- 1. Attend a tour or an open house.
- 2. Upon submission of an application and payment of the \$75 application fee (\$125 for two or more children), parents will be contacted for an interview. Applications and application fees are due in the school office by January 2, 2016. Applications received after this date will be considered if space is available.
- 3. Decision letters for new students will be mailed on March 17, 2017.
- 4. Upon acceptance by the school, a completed Tuition Contract, a non-refundable, one-time Registration Fee of \$150, payment of a Tuition Deposit (see below) and a supply fee for each student will be due. The contract, deposit, new-student registration fee, and supply fee must be received by the school office by March 24, 2017. Supply fees range from \$300 \$500 depending on the program.
- 5. The enrollment process is complete upon 1) Payment of Registration Fee 2) Payment of Tuition Deposit and 3) Submission of the completed and signed Tuition Contract and all enrollment forms, and 4) Confirmation of enrollment in FACTS Tuition Management.

### **Tuition Deposit**

A non-refundable deposit of one month's tuition (1/12 of the annual tuition) for each student is required to secure a space in the class. This deposit will be applied toward the last month's tuition and fees payment for the academic year once the contract is completed, but is otherwise non-refundable.

#### **Obligations of Enrolled Families**

Parents should be in agreement with and supportive of the school's philosophy and should be willing to attend the parent/teacher conferences, parent evenings, class meetings, and some of the adult education offerings in order to deepen their understanding of Waldorf education.

Parents must be willing to support the teachers' work as well as a healthy integration between home and school life by being attentive to the following areas at home: a regular and rhythmic schedule, adequate sleep and nutrition, and limited exposure to electronic media.

In addition, the school depends upon the families who are enrolled to volunteer their collective talents to maintain and enhance the health and stability of the school. Each family is expected to commit to 10 hours of volunteer work during the academic year.

**Dress Policy:** Berkeley Rose has a dress policy. Please be sure to read the policy and view all required early childhood program forms on the website.

**6-Week Period:** Berkeley Rose reserves the first 6 weeks to ensure that the school, class, and teacher are an appropriate program for a new student. It is Berkeley Rose's goal to work with each family and student to create a healthy fit for our programs and will do this with everyone's (school, student, teacher) best interest in mind.

**Media Policy:** Exposure to TV and other electronic media (regardless of content) inhibits a child's innate capacity to form her/is own "inner pictures," an ability that is crucial for creative thinking and problemsolving. In addition, limiting exposure to electronic media has been shown to improve the mood of openminded concentration and social stability in the classroom. Berkeley Rose School therefore encourages families enrolled in the school to eliminate the use of electronic media in the home.

**No-Drug Zone:** Alcohol and drugs are strictly prohibited at pick-up/drop-off and school community events. Alcohol may be available at some school events where children are not present.

Thank you for considering our school! Please sign to acknowledge understanding of the information above, and to verify that the information you provided in this form is accurate, to the best of your knowledge.

Signature of Parent or Guardian	Signature of Parent or Guardian
Date	Date
Berkeley Rose seeks to provide an enviror deductible donations in any amount, small	nment of fiscal diversity, and is able to do so through tax- ll or large.
I am able to contribute tax-deductible tuition obligation.	e monies toward the Financial Aid fund in addition to our full

To apply for the Tuition Assistance Program, please download the application from the website and submit your application by the deadline to ensure consideration. Please note that financial aid is not guaranteed, regardless of need.

Berkeley Rose seeks a representative community of diversity, welcoming students of any race, religion, ethnicity, or financial background. It does not discriminate on the basis of race, color, nationality, or ethnic origin in it's programs or administration of its policies. The nonprofit school is a tax-exempt 501(c)(3).

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