

Berkeley Rose School

Application for Grades

APPLICATION FOR ADMISSION, FALL 2018

Office Use Only: Application fee check received by _____ on _____ [Check #: _____]

If you require physical assistance or a translation to fill out this form, please contact Berkeley Rose.

Child's Full Name:	
Gender:	Date of Birth:
	Place of Birth:
Application Date:	Date of Open House/Tour Attended:
Please indicate program enrollment:	
<input type="checkbox"/> 1st Grade 8:30am - 2:30pm (age 6 by June 1, 2018) \$16,020 <input type="checkbox"/> 2nd Grade 8:30am - 2:30pm (age 7 by June 1, 2018) \$17,460 <input type="checkbox"/> 3rd Grade 8:30am - 3:00pm (age 8 by June 1, 2018) \$18,900 <input type="checkbox"/> 4th Grade 8:30am - 3:00pm (age 9 by June 1, 2018) \$20,340 <input type="checkbox"/> 5th Grade 8:30am - 3:00pm (age 10 by June 1, 2018) \$21,780 <input type="checkbox"/> 6th Grade 8:30am - 3:00pm (age 11 by June 1, 2018) \$23,220 <input type="checkbox"/> Interested in After School Program? Yes / No / Maybe	
Please enclose a photo (any size) of your child and check for the non-refundable application fee of \$75.	

PARENT'S NAME & RELATION:	PARENT'S NAME & RELATION:
ADDRESS:	ADDRESS:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:
EMAIL:	EMAIL:
EMPLOYER:	EMPLOYER:
OCCUPATION:	OCCUPATION:

Mailing Address: 1442 A Walnut St. #395, Berkeley CA 94709
 Cedar Campus (Nursery-K): 2138 Cedar Street, Berkeley CA 94709
 Hillegass Campus (K-Grades): 2515 Hillegass Ave, Berkeley CA 94704

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 you characterize your child's strengths?

4. How would you characterize your child's challenges?

HEALTH INFORMATION

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

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

3. If applicable, please describe your child's past or present learning, behavioral, physical, or emotional difficulties:

4. Please list any food, drug, or environmental allergies:

5. Please list any current medications, supplements, and/or treatments, and why prescribed:

6. Please describe any physical or medical conditions the teacher/school may need to be aware of (i.e. vision, hearing, speech, movement, sensory integration, etc.):

7. Please list the approximate date of your child'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? _____

9. Has your child had any type of educational testing in addition to what is routinely administered to all children in his/her school? Has an evaluation, IEP, assessment, or consultation with a physician ever been recommended? Yes / No **If yes, please include 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 number: _____

I give permission to Berkeley Rose School to speak with my child's previous teacher.

Signed: _____

Relationship to child: _____ Date: _____

1. Please list all previous school(s) attended:

2. Please describe your child's experience at her/his previous school, including academic strengths and challenges:

3. Please describe your child's social interaction with her/his peers:

4. Please describe your child's artistic interests and talents, and activities outside school (hobbies, sports, entertainment, etc.):

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 any questions or concerns you may have for the teacher:

2. Through which grade do you intend to enroll your child?

(Please circle) 1 2 3 4 5 6 7 8

3. Is enrollment dependent upon financial assistance? _____

4. Please list who will sign the enrollment agreement and be responsible for payment of tuition and other school costs:

ENROLLMENT PROCEDURE

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, application fees and tuition-assistance applications are due in the school office by January 19, 2018. Applications received after this date will be considered if space is available.
3. Decision letters for new students will be mailed on March 16, 2018.
4. Upon acceptance by the school, a completed Tuition Contract, a non-refundable, one-time Registration Fee of \$195 and payment of a Tuition Deposit (see below) will be due. The contract, deposit, and new-student registration fee must be received by the school office by March 23, 2018.
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/his own "inner pictures," an ability that is crucial for creative thinking and problem-solving. In addition, limiting exposure to electronic media has been shown to improve the mood of open-minded 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 environment of fiscal diversity, and is able to do so through tax-deductible donations in any amount, small or large.

I am able to contribute tax-deductible monies toward the Financial Aid fund in addition to our full tuition obligation.

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 its programs or administration of its policies. The nonprofit school is a tax-exempt 501(c)(3).

Lic#01342098

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