



# SWEET CLOVER NURSERY

Country Club Road, Montpelier  
**APPLICATION FORM**

FOR OFFICE USE:  
Date rec'd \_\_\_\_\_  
Pd. \$ \_\_\_\_\_ Ck. \_\_\_\_\_  
 Class list  
 Big Sis  
 Confirm  
 To Teacher

*Sweet Clover Nursery serves children 3 months to 3.5 years. If your child will be 3 by June 1st, please apply to our Mixed Ages PreK & Kindergarten program at our Grace Farm campus in East Montpelier.*

Date of application \_\_\_\_\_ Preferred start date \_\_\_\_\_

Child's First name \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Town of residence: \_\_\_\_\_

*Please check/circle your weekly schedule preference:*  5 days  3 days/week\*  2 days/week\*

*(Two days are either Monday and Tuesday or Thursday and Friday. Three days are either Monday – Wednesday or Wednesday - Friday)*

*\*\*Please see website for cost variations and hours of operation*

Parent/Guardian's Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing address \_\_\_\_\_

Nature of Work \_\_\_\_\_ Employer \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing address \_\_\_\_\_

Nature of Work \_\_\_\_\_ Employer \_\_\_\_\_

Child's parent(s)/guardian(s) are:  married/civil union  divorced/separated  single parent

With whom does the child live?  both parents  mother  father  shared custody  stepfather/mother  other

School correspondence should be addressed to: \_\_\_\_\_

**Other people who have regular contact and are involved with my child's care (grandparents, step parents, siblings, friends)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

**Siblings** Date of Birth & School Attending

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How did you hear about Orchard Valley Waldorf School? \_\_\_\_\_

*Please answer the following questions as completely as possible as your responses help us understand your child's development to date. Please type or print in black or blue ink using additional sheets if necessary.*

**Developmental History**

Please describe your pregnancy and your child's birth:

At what age did your child begin: Rolling over? \_\_\_\_\_ Sitting? \_\_\_\_\_ Crawling? \_\_\_\_\_

Standing? \_\_\_\_\_ Walking? \_\_\_\_\_ Talking? \_\_\_\_\_

Does your child: Pulls self up? \_\_\_\_\_ Cruise w/ furniture? \_\_\_\_\_

Use a pacifier or suck thumb/fingers \_\_\_\_\_ If so, when? \_\_\_\_\_

**Health History**

Any known complications during pregnancy or at birth?

Serious illnesses or hospitalizations:

Special physical or medical conditions:

Any regular medications or special diet:

Has your child had difficulties with vision, hearing, walking, or speaking? Injuries to the head? Physical or emotional trauma?

Has your child been tested, assessed or recommended for special services?

Does your child have learning or behavior challenges?

**Eating Habits**

Nursing  Bottle:  Breast milk  Formula \_\_\_\_\_

Solid food  Finger foods, eats with own hands  Eats with a spoon  Eats with a fork  Drinks with a Cup

Any concerns or special characteristics:

Favorite foods:

Foods refused:

### **Toileting Habits**

Cloth diapers  Disposable diapers  Frequent occurrence of diaper rash

Use of ointments \_\_\_\_\_ Are bowels regular? \_\_\_\_\_

Toilet training:  Not started yet  Attempted  Beginning  Accomplished

Please describe procedure used at home for toilet training:

### **Sleep Habits**

Sleeps in:  Crib  Other \_\_\_\_\_

Regular bedtime - when \_\_\_\_\_  regular wakening - when \_\_\_\_\_

Naps:  Naps during the day When and how long \_\_\_\_\_

Self-soothe to sleep  Special soothing needed \_\_\_\_\_

Naps in:  Crib  Other \_\_\_\_\_

### **Social relationships**

How do you describe your child?

Previous experience with other children/child care?

Is your child able to play alone?

Is your child interested in playing with other children?

Favorite toys and activities:

How do you comfort your child when needed?

Do you have methods of behavior management/discipline?

Are there any extenuating circumstances in your family that would be helpful for us to know about to better serve your child?

What role do electronic media such as TV, movies, videos, computer/video games, etc. play in your family life? If age appropriate alternatives were suggested, would you be willing to make changes in the way your family relates to the media?

Share with us what you know about Waldorf Education and philosophy. Why are you interested in a Waldorf Early Care experience for your child?

Are you interested in a full Waldorf education (through the 8<sup>th</sup> grade) for your child?

Imagine it is a cold, rainy Saturday in mid-November. Please describe how your child might spend the day.

**If your child has/is attending an Early Childhood program(s) or daycare(s), please enclose a completed Release of Information form (attached).**

*I/we verify that the information provided in this application is true and complete, and understand that acceptance/enrollment/continued enrollment could be affected by inaccurate or incomplete answers.*

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Parent Signature & Date

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Parent Signature & Date

**Return this application along with the \$50.00 non-refundable application fee to:**

Orchard Valley Waldorf School, 2290 Vermont Route 14 North, East Montpelier, VT 05651

Checks payable to OVWS. For more information contact the Enrollment Office at 802-456-7400; [enrollment@ovws.org](mailto:enrollment@ovws.org)

*Orchard Valley Waldorf School does not discriminate on the basis of race, color, religion, gender, sexual orientation, disability, national or ethnic origin.*

telephone: 802-456-7400

fax: 802-456-7449

e-mail: [orchardvalley@ovws.org](mailto:orchardvalley@ovws.org)

## Information Release Request Form

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**Child's Name Date of Birth**

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**Current and/or Previous Early Childhood Program(s)/Daycare(s)**

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**Address of Program(s)/Daycare(s)**

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**Phone Number(s) of Program(s)/Daycare(s)**

I, \_\_\_\_\_ parent/guardian of child listed above, do hereby grant permission for a representative of the Orchard Valley Waldorf School to contact/speak with my child's teacher(s), special educators, care providers, etc. listed below:

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**Signature of Parent/Guardian**

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**Date**

Please contact the Enrollment Office at 802-456-7400 or [enrollment@ovws.org](mailto:enrollment@ovws.org) if you have any questions. *Thank You!*