



# WALDORF SUNFLOWER HOUSE

## ENROLL INQUIRY

Please email to [waldorfsunflowerhouse@gmail.com](mailto:waldorfsunflowerhouse@gmail.com)

Stacie Warren | Director | 719.352.4209

### Child's Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

### Parent/Guardian Information

(1<sup>st</sup>)  
First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_

(2<sup>nd</sup>)  
First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_

### Days and Programming Options

Please select your desired schedule below:

Half-day 8:00 to 12:00 ~ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Full-day 8:00 to 3:30 ~ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Preferred program start date (DD/MM/YY): \_\_\_\_\_

**General Questions**

Is your child toilet trained? \_\_\_\_\_ If not, where are you in the process of toilet training?

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What do you find most appealing about a Waldorf Early Childhood Program? \_\_\_\_\_

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Please tell me about the strengths and areas of need that apply to your child. \_\_\_\_\_

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What do you hope your child gains from a preschool program and what do you anticipate as your next steps (Waldorf school, traditional public school, magnet charter school, homeschool, etc.)?

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