



LAKOTA
Waldorf School

Pine Ridge Indian Reservation, Three Mile Creek
P.O. Box 527 Kyle, South Dakota 57752, USA
Phone: + 605 455-2487 • info@lakotawaldorfschool.org
www.lakotawaldorfschool.org

Application for Admission

I would like to register my child into:

- Kindergarten
- 1st Grade
- 2nd Grade

Family Information

School Year 2015/2016

Child's Name _____

FIRST

MIDDLE

LAST

Male _____ Female _____ Date of Birth _____

School now attending (if applicable) _____

Schools previously attended (if applicable) _____

Mother/Guardian's full name _____

Email Address (for school notifications) _____

Physical Home address _____

Pick up & Drop off Address for the school bus, please list only ONE place for each child and

DIRECTIONS FOR BUS _____

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____

Business Address _____

Interests, Hobbies, and Talents _____

Father/Guardian's full name _____

Physical Home address _____

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____

Business Address _____

Interests, Hobbies, and Talents _____

How many Brothers & Sisters? _____ Ages _____

Is Lakota spoken at home? ___ All the time ___ Sometimes ___ Never

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING FAMILY INVOLVEMENT.

- How did you hear about the Lakota Waldorf School?

- The Lakota Waldorf School is a parent participation school. Parents are expected to become actively involved in the school community. On what level do you envision participation in the life of the school? (class activities, fundraisers, committee work, festival celebrations, extra-curricular activities)

- Do you have any questions about the school or Waldorf education? (Please use separate sheet if needed).

- What does your child love to do the most?

- Describe your child's way of playing.

PRESENT HEALTH STATUS

Date of last medical visit and results.

Was any work done on teeth? _____

Date the child lost first tooth? _____

Would you consider the health of your child as: __ Excellent __ Very Good __ Fair __ Poor

- Comments:

- Does your child have any learning problems?

HISTORY OF ILLNESS

Anything unusual in the child's development (including accidents, injuries, etc.) What & when?

Are there any serious illnesses in the family's history? _____

Have there been any problems with:

Eyes _____	Respiratory _____	Speech _____
Ears _____	Movement _____	Feet _____
Skin _____	Digestion _____	Coordination _____
High fevers _____	Headaches _____	Allergies _____

Has the child been immunized? _____

***Please provide a copy of the recent Immunization record along with this application.**

Please list the illnesses the child has had up to the present:

Illness

Diphtheria __

Scarlet Fever __

Chicken Pox __

German measles __

Mumps __

Measles __

Whooping Cough __

Other (please describe) _____

Please list the date and type of any surgery the child has had (if applicable)

Does your child have any allergies i.e. food, pollen, material, bug bites?

If yes, please describe his/her allergic reaction and the remedy to treat it.

Does he/she need to keep any medication with them for this allergy? (Describe what kind of medication, correct dosage, and Doctor's statement)

How is your child's current emotional health? (Describe any problems)

Does the child have any special fears or needs? _____

Describe any habits (thumb sucking, nail biting, hair twisting, etc.) _____

Has the child undergone psychological/developmental treatment or testing? ____ Yes ____ No

Describe the child's relationship to his/her sibling's

Describe how the child wakes up. (dreamy, cheery, crabby, etc). _____

What is the child's bedtime? Weekday's _____ Weekends _____

Time the child wakes up (average). _____

Favorite foods _____ Least Favorite foods _____

Average hours of television viewed daily? _____ Weekends? _____

Average hours of DVD's viewed daily? _____ Weekends? _____

Average hours of music daily? _____ Weekends? _____

Early History

Briefly describe pregnancy _____

Hospital birth? ____ Home birth? _____

Birth Weight _____ Breast Fed? _____ If Breast Fed, how long? _____

Were there any complications during pregnancy?

Were there any drugs, alcohol or medications used just prior to, during pregnancy or childbirth?

Were there any complications during childbirth? (Premature, induced, overdue, forceps, caesarean, jaundice, blood transfusion, etc.)

Has the child ever been separated from mother for any reason?

At what age? _____ How long? _____

Has the child had any falls, (from high chair, diaper table, etc?)

Was the child a sound sleeper? _____ Age the child began crawling _____

Did the child crawl or shuffle along on his/her bottom? _____

Age the child began walking _____ Speaking _____ Age toilet trained _____

Does the child wet the bed? _____

Was a baby bounce apparatus swing or walker used? _____



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PHOTO RELEASE FORM LAKOTA WALDORF KINDERGARTEN/1st/2nd Grade

By signing this form, I give Lakota Waldorf School permission to publish or use photographic portraits or pictures of me or my child, along with me or my child's name, for art, advertising, trade, public information or any other lawful purpose.

I waive inspecting and/or approving the finished product or the copy that is used in connection with the publication.

I release Lakota Waldorf School, Inc. from any liability from the use of my photograph or reproduction thereof. All of the terms of this release shall be referred to as "PHOTO RELEASE" herein.

NOTE: For minors, a signature is required by BOTH the minor and parent/legal guardian.

I do not agree to the terms of the PHOTO RELEASE.
(If you checked this box, then do not sign below)

I agree to the terms of the PHOTO RELEASE.
(If you checked this box, then please date and sign below)

CHILD'S NAME (PRINT NAME) Date: _____

PARENT/GUARDIAN SIGNATURE (PRINT NAME) Date: _____



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Authorization Form School Year 2015/2016

Child's name _____

(Please circle one)

Y or N I authorize for my child to accompany his/her class on fieldtrips. All children will be supervised by staff

Y or N I authorize for the Lakota Waldorf School to transport my child for all program purposes

Y or N I authorize The Lakota Waldorf School to use photographs of my child; for flyers, websites, Newsletter, Fundraising purposes, for our facebook site and other publications in connection with the school.

Consent for Emergency Medical Treatment

As the Parent or Authorized Representative, I hereby give consent to _____ (faculty name), to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.), Osteopath (D.O.) or dentist (D.D.S.) for _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child names.

Child has the following medication allergies: _____

Parent or authorized Representative signature: _____

Date: _____



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YouTube Permission Form

Dear Parents/Grandparents and Guardians

The Lakota Waldorf School is a Non-profit-organization that operates entirely on grants and donations. We are supported by donors from all around the world who make our school possible through their generosity, as well as foundations from the USA and Europe. So far we do not receive recurring contract support funding or grants from either the State, Tribe, or Federal governments. It was always important for us to stay independent. We work continuously to raise funds from outside the reservation and have been largely successful since the foundation of the school in 1993.

This school year of 2015/16 we would like to continue our fundraising project: We will film different activities in our school, make a small documentary series and post an episode on YouTube. Since we are located in a very remote area our most important communication is the internet and we hope with this new project we will reach a growing supporting community which will lead to new and increased donations. The episodes will be short (approx. 10-15 min. each), showing classroom activities, the children painting, playing, learning, introducing the staff, which we are and what we do. At the end of each episode will be a short message asking people to donate and support our school. In future years we will need to build new school buildings, a new campus, and we will need more teachers. Also parents will be able to observe and follow their children's school day through the videos, but first of all we would like to ask parents and guardian for permission to film your child.

If you have questions please feel free to call our office: ☎ 605 455 2487

Pilamayaye - Thank you!

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Please, return this slip back to the school ASAP

I, parent of: (child' name)..... agree and allow LWS to film my children in school and post the episodes on YouTube, I understand this is a fundraising activity and that the school will give no personal information's (such as address) out.

Signature of parent or guardian:.....Date: