



Does child live with both parents?  Yes  No

If not, please describe his/her living situation \_\_\_\_\_

\_\_\_\_\_

Siblings:	Name	Gender	Birth Date	School Attending
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the child's relationship with his/her siblings?

Are there relatives with whom the child is especially close?

Is the child adopted?  Yes  No

Has the child had any serious or chronic illnesses, accidents or injuries?

Have you consulted any professionals to address medical, emotional, learning or behavioral challenges regarding your child?  Yes  No

**If yes, please submit written reports of their observations, testing or findings with this application.**

Any food or other allergies?

Was pregnancy and birth normal, without complications?

Was the child breast or bottle fed, or both?

Has the child been completely weaned? \_\_\_\_ Yes \_\_\_\_ No      If yes, at what age? \_\_\_\_\_

Has the child been completely toilet trained? \_\_\_\_ Yes \_\_\_\_ No      If yes, at what age? \_\_\_\_\_

At what age did the child:

Crawl? \_\_\_\_\_

Walk? \_\_\_\_\_

Feed self completely? \_\_\_\_\_

Put together short sentences? \_\_\_\_\_

Does your child:

Yes    No

Still put objects in his/her mouth?      \_\_\_\_    \_\_\_\_

Dress self?      \_\_\_\_    \_\_\_\_

Sleep soundly through night?      \_\_\_\_    \_\_\_\_

Sleep by himself or herself?      \_\_\_\_    \_\_\_\_

Have a regular bedtime?      \_\_\_\_    \_\_\_\_

Have dreams that wake him/her?      \_\_\_\_    \_\_\_\_

Have regular mealtimes?      \_\_\_\_    \_\_\_\_

Eat together with family?      \_\_\_\_    \_\_\_\_

Speak language other than English?      \_\_\_\_    \_\_\_\_ Language? \_\_\_\_\_

Use "special" words we should know? \_\_\_\_\_

\_\_\_\_\_

What does your child most enjoy doing?

What do you (both parents) like to do with your child?

	Yes	No
Is your child allowed to screen watch		
Television	___	___
Videos	___	___
Movies in a theater	___	___
Video/computer games	___	___

Does your child have any special problems or fears?

Does your child have any strong likes or dislikes?

What is your child's personality with you and other family members? With other caregivers?

Has your child been cared for by persons other than parents? Yes \_\_\_ No \_\_\_

If yes, by whom, and in what setting (home, or elsewhere?)

Has your child participated with any peer groups before? Yes \_\_\_ No \_\_\_

If yes, where, and how many hours per week?

Do you anticipate any separation difficulties?

Who disciplines the child at home and what forms of discipline are used?

Is there anything else you would like us to know about your child?

What would you like your child receive from his/her school experience?

Are you aware that your child being completely toilet trained is a prerequisite for admission?

Please initial \_\_\_\_\_

Are you aware of Greenwood School's media policy that states it is our hope that your child has no media exposure including but not limited to TV, movies, videos, and computers?

Please initial \_\_\_\_\_

Are you aware that children must be 6 years 3 months by September 1 to enter first grade at Greenwood School?

Please initial \_\_\_\_\_

Are you aware of and are you willing to adhere to our requirement that there is no parking on Sycamore and that parents are only allowed to drive on Sycamore for scheduled pick up and that if you do not adhere to this requirement, you may lose your place in the school?

Please initial \_\_\_\_\_

**Enclosed is my application fee of \$75.00, which I understand is non-refundable.**

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Parent Signature

Date

**Statement of Non-discriminatory Policy:** Greenwood School is open to all children without regard to race, color, religion, gender, national origin, medical condition or handicap, or any other legally protected status. This policy of non-discrimination covers school programs and activities, including but not limited to academic admissions, financial aid, educational services, and employment. The school is a 501(c)(3), tax-exempt, non-profit organization. Scholarships based on financial need are available.

For Office Use Only: Application Received \_\_\_\_\_

Fee Received \_\_\_\_\_

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