



WALDEN CENTER and SCHOOL
APPLICATION FOR ENROLLMENT
for School Year 2008-2009

Lower Group (K-1) Lower-Middle Group (1-2) Middle Group (2-3) Upper Group (4-6)

FAMILY INFORMATION

Child's Name Birth Date

Parent(s) Name(s)

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Home Phone, with Area Code

Home Phone, with Area Code

Work Phone, with Area Code

Work Phone, with Area Code

Sibling Name

Age

School (if applicable)

Sibling Name

Age

School (if applicable)

Sibling Name

Age

School (if applicable)

Parent(s) Occupation(s) Name Occupation

Parent(s) Occupation(s) Name Occupation

1) Please complete the following three pages and attach a \$50.00 application fee. Applications are due Friday January 4, 2008.

2) Child visits will be made available on a first-come/first-served basis, as determined by the date of receipt of the completed application along with payment of the application fee.

--- CONTINUE ON NEXT PAGE ---

--- FOR OFFICE USE ONLY ---

Check #: \_\_\_\_\_

Child Visit Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Visit Date Conf'd?: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Follow-up by?: \_\_\_\_\_





5. Do you have any concerns about how Walden differs from other schools?  
(i.e.: Conferences instead of report cards, no standardized testing) Please describe your concerns below:

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We do not test the children. The Child Visit is an opportunity for us to meet your child, and for you and your child to see our school. Child visits will be held Tuesdays from 9:30 to 10:30 a.m (K-2nd) and 9:00-12:00 (2nd-6th).

*We will notify you by phone of the scheduled date of your Child Visit.*

Please give us the name(s), school address(es), and school phone number(s) of one or two teachers your child has had. We would like to contact them before making a final decision. **(Please list at least one.)**

Teacher's name \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone #( ) \_\_\_\_\_

Teacher's name \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone #( ) \_\_\_\_\_

Applications are due Friday, January 4, 2008.

January 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup> and February 5<sup>th</sup>, 12<sup>th</sup>, 26<sup>th</sup> 2008.

Please mail this completed form and payment to:

Admissions Coordinator, Walden Center and School, 2446 McKinley Avenue, Berkeley, CA 94703

Thank you. We hope you enjoy your visit!