



# Application for Admission

Academic Year (September, 2022 – June, 2023)

**Student's name** \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Pronoun \_\_\_\_\_

Home address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent / guardian's name** \_\_\_\_\_

Home address (if different) \_\_\_\_\_ Apt # \_\_\_\_\_

Occupation \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

**Parent / guardian's name** \_\_\_\_\_

Home address (if different) \_\_\_\_\_ Apt # \_\_\_\_\_

Occupation \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

**Please select the program you are interested in:**

Days of the week	Regular Day (9am - 3pm)	Extended Day (3pm - 6pm)	Early Day (8am - 9am)
Monday – Friday	\$19,250	\$6000	\$2,500
Mon / Wed / Fri	\$13,750	\$4,500	\$1,750
Tues / Thurs	\$10,250	\$3,000	\$1,400



First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

**In order to help us get to know your child, please take a moment to answer the following questions:**

1. What aspects of our school do you feel connected / drawn to?

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2. What are some of your hopes and expectations in regard to your child's early childhood education experience?

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3. What, if any, concerns or anxiety do you have about your child starting school at wBees Forest School?

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4. Please describe your child's level of independence at home (i.e. gets dressed, puts shoes on, clears dishes, cleans up toys, plays independently, falls asleep unassisted, etc.)

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20 St. John's Road, Ridgewood NY 11385

wbeesforestschool@gmail.com

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5. At what time of day does your child...

Wake up: \_\_\_\_\_ Go to bed: \_\_\_\_\_ Nap: \_\_\_\_\_

Is your child toilet-trained? Yes \_\_\_\_\_ No \_\_\_\_\_

6. What type of care is currently being used for your child (parent / nanny / specific preschool or daycare)? What are your reasons for leaving?

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7. Please describe your child's personality and interests.

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8. Please describe both strengths and challenges you have observed when seeing your child in a social setting.

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9. Please describe the cognitive and developmental strengths and challenges you feel your child possesses. Please describe their receptive and expressive language. What language(s) do you speak at home?

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10. Does your child have any physical limitations you would like us to know about? Does your child have any allergies? Please explain.

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11. We believe it is important to preserve a child's concentration and to promote independence when possible. When have you observed your child concentrated in their own play? What have you noticed that they like to do independently and how have you been able to promote their independence in the home?

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12. We walk for a length of time to and from the local park and spend extended periods of time in unbound spaces. Please describe your child’s ability to walk and play safely in public spaces. Do they respond to their name when called and can they come back when called to do so? Please explain.

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13. We believe it is a privilege to be able to be together in school during a pandemic. With privilege comes responsibility. We require our families to be fully vaccinated / boosted and will be requiring our students to be vaccinated too when it becomes available. We also require period Covid-testing from each family throughout the year and for children to be out of school while experiencing any symptoms of illness. Children must PCR test and be symptom-free to return to school. Please let us know your thoughts and if you feel aligned to our safety measures. \*Policies are subject to change throughout the year.

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14. We are licensed through the NYCDOH and all of our students need to be vaccinated in order to join us. Please let us know if your child is fully vaccinated or if they are on a “delayed vaccination schedule”. If they are on a delayed schedule, which vaccinations have they received and what future dates are they expected to receive the remaining shots?

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14. Please tell us about any other children in your family:

Name \_\_\_\_\_ Age \_\_\_\_\_  
Current School (if any) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  
Current School (if any) \_\_\_\_\_

15. How did you hear about our school? Do you have any friends or relatives who have attended or are applying to our school? If so, who?

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16. Is there anything else you would like us to know?

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**Parent / guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent / guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please email completed application to [wbeesforestschool@gmail.com](mailto:wbeesforestschool@gmail.com) and [ariannawbees@gmail.com](mailto:ariannawbees@gmail.com)**

A non-refundable application fee of \$40 should accompany this form. Please pay by Venmo to Lanny Cheuck or Paypal to lycheuck@gmail.com

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## **Our Enrollment Process**

Students are not accepted on a first come first served basis. Decisions are made only after the application deadline, and are based on maintaining a balanced classroom environment and a supportive parent community. Returning students and siblings of former and current students, who have attended wBees Forest School, are given priority.

Our application deadline is 2/1. The first round of decision letters will be sent out by 2/15 and a deposit of \$2000 must be submitted to confirm your child's spot in our program by 2/28. Tuition for the academic year will be divided into 4 equal payments due May 1st, October 1st, January 1st and April 1st. The deposit will be applied to the payment due April 1st.

wBees Forest School does not discriminate based on race, religion, family structure, gender identification, sexual preference or national/ethnic origin.