



Morning Song Home Nursery

Application for Enrollment 2023-2024

Office Use Only

Date Received _____
 Fee Received _____
 Parent # _____
 Ack. _____
 Letter Sent _____
 Visit Scheduled _____

Child's Name (First/Middle/Last) _____
 Nickname _____ Birth Date _____ Birthplace _____

Information About the Family

Parent 1:

Parent's Name _____ Home Phone _____
 Cell Phone _____ Email Address _____
 Work Phone _____
 Home Address _____
 Occupation _____ Place Of Work _____
 Business Address _____
 Triangle Resident: How Long? _____ Permanent _____ Temporary _____

Parent 2:

Parent's Name _____ Home Phone _____
 Cell Phone _____ Email Address _____
 Work Phone _____
 Home Address _____
 Occupation _____ Place Of Work _____
 Business Address _____
 Triangle Resident: How Long? _____ Permanent _____ Temporary _____

Are the parents divorced or separated? _____ If so, who does the child live with? _____

Siblings (Age/School/College/Other) _____

Are you familiar with Waldorf Education? _____

Information About Your Child

Schools Attended (Locations/Dates) _____

Outside Activities _____

Inside Activities _____

Hours of Media Exposure (TV/Video/Computers/Etc.) Daily _____ Weekends _____

Please give any information concerning your child, which will be helpful in his/her experience in a small group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes):

Medical Information

Describe General Health _____

Any Known Allergies? (If so, specify) _____

Any Medical Conditions? (If so, specify) _____

Other Information

How did you hear about Morning Song? _____

References: _____

Date: _____ Signature: _____

Please Enclose Application Fee of \$35 (make check out to Morning Song Home Nursery)

Mail to: Morning Song Home Nursery, 3215 Green Hill Drive, Chapel Hill, NC 27514

~ Thank you ~