

# Moss Garden Nursery

## Application Form

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Nickname \_\_\_\_\_ Birthday \_\_\_\_\_

### Information about the family

Mother's name

\_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Place of work \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ email \_\_\_\_\_

Father's name

\_\_\_\_\_

Address (if different from Mother's) \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Place of work \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ email \_\_\_\_\_

Siblings

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

What do you like to do as a family \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Information about your child***

Please describe your child's previous group experience.

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Describe your child's favorite activities, inside and outside. Any dislikes?

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Describe your child's personality, strengths and weaknesses.

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Please give any information concerning your child that would be helpful in his/her experience in small group settings (such as play, eating and sleeping habits, special fears, special likes or dislikes).

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Hours of media exposure (TV, videos, computers):  
daily \_\_\_\_\_ weekends \_\_\_\_\_

Bedtime: weekdays \_\_\_\_\_ weekends \_\_\_\_\_

**Medical Information**

Describe general health

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Does your child have any know allergies? \_\_\_\_\_ If so, please specify

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Any special developmental, educational or medical needs? \_\_\_\_\_  
Please specify \_\_\_\_\_

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Does your child use medication? \_\_\_\_\_  
Please specify \_\_\_\_\_

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***Information about you***

What are some of your interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special skills, resources, or festivals you might want to share with your child's class. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other information:**

Are you familiar with Waldorf Education?  
\_\_\_\_\_

In the future, are you interested in sending your child to The Emerson Waldorf School? \_\_\_\_\_

What are your reasons for applying to Moss Garden?  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Moss Garden Nursery?  
\_\_\_\_\_

Signature of parents \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Please enclose your \$25.00 application fee and return with completed form to: Anne Mandeville-Long

Moss Garden Nursery  
6600 Manor Hill Court  
Chapel Hill, NC. 27516

If you prefer, you may complete this form and return it via email. I will review your application upon receipt of your check.