

MORNING SONG SCHOOL

Mill Valley, CA. Phone: 415-381-1159

morningsongschool.com Email: admin@morningsongschool.com

APPLICATION: Registration

Child's Name: _____ Date of Birth: _____

Home address: _____ Home Phone: _____

Parent 1 Name: _____ Employer: _____

Business Address: _____ Cell: _____

Parent 2 Name: _____ Employer: _____

Business Address: _____ Cell: _____

Parent's Cell Phone or Pager number's _____

Primary e-mail address: (for required forms & info) _____

Emergency contacts (other than parents):

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Name's of persons authorized to pick child up:

Child's Doctor: _____

Address: _____ Office Phone: _____

_____ Emergency Phone: _____

Please tell us why you chose Morning Song: _____

What would you like to see you child gain from his/her experience here?

Anticipated starting date: _____

Schedule (hours and days): _____

Include a \$150.00 non-refundable application fee *and* a current photo of your child.

Parent's Signature: _____ Date: _____

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APPLICATION: Child's History

Date _____

Name of child _____ Birthdate _____

Names and ages of siblings _____

Who does the child live with? Parent 1 _____ Parent 2 _____ Both _____ Other _____

Are there any other adults or children living in the home? _____

If so, please describe the situation: _____

Is this your first exposure to Waldorf or Reggio Emilia based education?

If not where else has your child (or children) attended a similar program?

Describe other programs the child has been in, if any (gymboree, art, music, playgroup):

Does your family have any pets? (for how long, list kind & names) _____

Please describe the child's birth. _____

Weight at birth: _____ Is the child adopted? _____

Was the child breast fed, bottle fed or both? _____

Has the child been completely weaned? _____ At what age? _____

Does the child put objects in his/her mouth? _____

Did the child crawl? _____ For how long? _____

Did he/she use a baby walker? _____ Swing? _____ Bouncer? _____

At what age did the child walk without support? _____

Does the child use the toilet independently? _____

Describe the child's appetite. Are there any food allergies, foods to avoid, favorite foods?

Tendency toward: sweet _____ sour _____ bitter _____ salt _____

Describe the child's sleep patterns _____

Does the child sleep soundly through the night? _____

Is bedtime easy or challenging? _____

What time does the child go to bed? Weeknight? _____ Weekend? _____

What time does the child awake in the morning? _____

Does he/she wake up slowly or quickly in the morning? _____

Does the child nap in the afternoon? _____ If not, at what age did he/she stop? _____

Does the child have his/her own bedroom? _____

Does the child have nightmares? _____

Childhood illnesses:

Has your child ever had any of the following illnesses (list dates):

Chicken pox _____ Rubella _____ Mumps _____

Measles _____ Scarlet fever _____ Whooping cough _____

Has the child had any ear infections? _____ If so, to what extent (occasionally, often, or with every cold) ? _____

Has the child ever had pneumonia? _____

Are there any other health or developmental considerations? (i.e. drug allergies or unusual physical conditions)

Please give us a picture of your family life since the child's birth (use another page if needed). Include house moves, travel to a foreign country, death of a relative close to the child, separation issues etc.

Does the child become upset easily? _____ If so, what seems to provoke this? _____

How do you discipline the child? _____

Does the child watch television? _____ Hours per day _____ Per week _____

Watch videos? _____ Hours per day _____ Per week _____

Play video games? _____ Hours per day _____ Per week _____ Which games _____

Use an iPad/tablet, smart phone or computer? _____ Hours per day _____ Per week: _____

What type of programs does your child watch and what type of activity on devices does your child do?

What does the child like to do? Describe some of his/her favorite things:

What do the parents like to do with the child?

Please add anything else you would like us to know about your child or feel is important to his/her adjustment with us here at Morning Song: _____

Thank you for your efforts in completing this form. Please return to: admin@morningsongschool.com

Parent's signature _____ Date _____