NEW MORNING NURSERY SCHOOL

Application for Enrollment 2023-2024

Please fill out both sides

Family Information

Child's Name_____Nickname_____

DOB_____ Age on 9/1/23_____Yrs_____Mos Gender-Boy_____Girl_____

Address_____

City_____Zip Code_____

Parent/Guardian_____Phone H/W_____
Email Address_____ Cell_____

Parent/Guardian_____Phone H/W_____
Email address_____Cell_____

Enrollment Status

____Current Student ____Returning Student ____Sibling of Current Student ____Sibling of Former Student
____Child of Former New Morning Student ____We applied last year but didn't receive a placement ____New to New Morning

Class Placement - Please indicate your first, second and third choices for classroom placement

____Willow Room AM – (2yrs by 9/1) ____2 Day (TR) ____3 Day (MWF)

____Willow Room PM - (2yrs-9mos-3yrs-9mos by 9/1) ____2 Day (TR) ____3 Day (MWF) ____5 Day (M-F)

____Birch Room AM - (3yrs by 9/1) ____2 Day (TR) ____3 Day (MWF) ____5 Day (M-F)

____Oak Room AM - 4K (4 yrs by 9/1) ____5 Day (M-F)

____Oak Room PM – 4K (4yrs by 9/1) ____5 Day (M-F)

Oak Room 4K Plus – (5-day only option)

____ AM 4K Plus ____ PM 4K Plus

Lunch Bunch Sessions - Please indicate first, second and third choices

Circle desired days: M T W R F Time of Lunch:

_____11:30-12:45 (only option available for AM students)

_____11:45-1:00 (only option available for PM students)

Other Information

The Internal Revenue Service requires all independent schools to keep records of their student's ethnicity. Please indicate how you would like your child's ethnic heritage categorized. This information is confidential._____

_____

Please describe your child's previous school/child care experience(s), if any_____

_____

_____

Does your child know any students who are or will be attending New Morning?_____

_____

Please add any information regarding your child or your family that you feel would be helpful in making your child's placement._

_____

_____

_____

If you wish to share your reasons for choosing New Morning, please include them here:

_____

_____

_____

To assist us with marketing, please let us know how you heard about New Morning. Please check all that apply.

_____recommended by a friend or relative_____
_____ad in neighborhood newsletter and/or directory, which one_____
_____New Morning Nursery School's website www.newmorningnurseryschool.org
_____4-C or other referral, which one_____
_____web group (Madiison Mom, Facebook, Hulafrog, etc.), which one_____
_____other, please explain_____

Signature_____ Date_____

This application will not be processed unless accompanied by a non-refundable $100/family application fee. Please note: If you are applying for 4K and lunch and/or 4K Plus you do need to pay the application fee. If you are only applying for the 4K program with no add-ons you do not need to pay the application fee.

Application received on_____$_____Check #_____Date_____

Scan and email, drop off or mail application to:

New Morning Nursery School, 718 Gilmore Street, Madison, WI 53711
608-233-0433, new.morning@sbcglobal.net