

**REGISTRATION FORM  
MEADOW FLOWER NURSERY SCHOOL  
P.O. BOX 294 FAIR HAVEN, N.J. 07704**

***CHILD***

|               |  |  |     |
|---------------|--|--|-----|
| Name of Child |  |  |     |
| Nickname *    |  |  |     |
| Date of Birth |  |  | Sex |
| Home Address  |  |  |     |

\*Please indicate the name you would prefer us to use.

***PARENT***

| Mother       |     | Father       |     |
|--------------|-----|--------------|-----|
| Name         |     | Name         |     |
| Home Phone * | ( ) | Home Phone * | ( ) |
| Cell Phone * | ( ) | Cell Phone * | ( ) |
| Home Address |     | Home Address |     |
| e-mail       |     | e-mail       |     |

\* Please initial which phone number you prefer on the class list.

***WORK***

| Mother's Place of Work |     | Father's Place of Work |     |
|------------------------|-----|------------------------|-----|
| Occupation             |     | Occupation             |     |
| Name of Business       |     | Name of Business       |     |
| Business Phone         | ( ) | Business Phone         | ( ) |
| Business Address       |     | Business Address       |     |

***EMERGENCY***

|  |     |                    |     |
|--|-----|--------------------|-----|
| Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child. <u>Must be within 5 miles of school.</u> * |     |                    |     |
| Name of Contact #1   |     | Name of Contact #2 |     |
| Phone  | ( ) | Phone              | ( ) |
| Relationship   |     | Relationship       |     |
| Address  |     | Address            |     |

***PROGRAMS***

|   |  |  |  |
|---|--|--|--|
| <i>Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice. Application fee: \$50.00 - Non-refundable **</i> |  |  |  |
| <i>Please make checks payable to: Meadow Flower Nursery School</i>  |  |  |  |
| <b>A.M. Session 8:30 – 11:30</b>  |  | <b>P.M. Session 12:15 – 3:15</b>           |  |
| 2 Day (Tues & Thurs) 2 1/2 yr. old  |  | 4 Day (Mon thru Thurs)                     |  |
|   |  | <b>Kindergarten Enrichment 1:00 - 3:00</b> |  |
| 3 Day (Mon/ Wed/ Fri) 3 yr. old   |  | 5 Day (Mon thru Fri) 5-6 yr. old           |  |
|   |  | 3 Day (Mon/Wed/Fri) 5-6 yr. old            |  |
| 5 Day (Mon thru Fri) 4-5 yr. old  |  | <b>Extended Care 11:30am - 3:30pm</b>      |  |
|   |  | 5 Day (Mon thru Fri)                       |  |

(OVER)

## ***FAMILY***

| Names of siblings and ages   | Brothers | Sisters |
|--|----------|---------|
|  |          |         |
|  |          |         |
| <b>Previous playgroup experience of your child:</b><br>_____<br>_____<br>_____ |          |         |

## ***DOCTOR***

|                       |  |
|-----------------------|--|
| <b>Child's Doctor</b> |  |
| <b>Telephone</b>      |  |
| <b>Address</b>        |  |
| <b>Allergies</b>      |  |

## ***CUSTODY***

|  |
|--|
| <p>Name of person <b>PROHIBITED</b> from picking up the child: _____</p> <p>If a non-custodial parent is <u>not</u> included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order.</p><br><br><br> |
|--|

## ***PAYMENT***

|   |
|---|
| <b><u>First payment is due two weeks after acceptance letter is received. This payment is non-refundable.</u></b>   |
| <b>Payments # 2 thru #10 are due the 1<sup>st</sup> school session September thru May. No bills are sent monthly, statements are sent when necessary.</b> |
| <b>No credit is issued for non-attendance, vacation, and illness or snow days.</b>  |
| <b>If tuition payment is over thirty days late, your child will not be allowed to return to school until payment is made.</b>                             |

## ***SIGNATURES***

|  |            |
|--|------------|
| <b><u>Both parents must sign and date this form.</u></b> |            |
| _____  | Date _____ |
| <b>Mother's signature</b>                                |            |
| _____  | Date _____ |
| <b>Father's signature</b>                                |            |