

**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) 4-5 yr. old	
3 Day (Mon/ Wed/ Fri) 3 yr. old		<b>Kindergarten Enrichment 12:15 - 2:30</b>	
5 Day (Mon thru Fri) 4-5 yr. old		2 Day (Tues/Thurs) 5-6 yr. old	
		<b>Lunch Bunch 11:30am – 12:30pm</b>	
<b>Kindergarten Enrichment 9:00-11:15</b>		<b>Extended Care 11:30am - 3:30pm</b>	
2 Day (Tues / Thurs) 5-6 yr. old		5 Day (Mon thru Fri)	

(OVER)

## ***FAMILY***

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

## ***DOCTOR***

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

## ***CUSTODY***

Name of person <b>PROHIBITED</b> from picking up the child: _____ 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.
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## ***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>	
_____	<b>Date</b> _____
<b>Mother's signature</b>	
_____	<b>Date</b> _____
<b>Father's signature</b>	