

**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. Must be within 5 miles of school. *

Name of Contact #1		Name of Contact #2	
Phone	()	Phone	()
Relationship		Relationship	
Address		Address	

PROGRAMS

*Please indicate 1st and 2nd choice. Application fee: \$100.00 - Non-refundable **
Please make checks payable to: Meadow Flower Nursery School*

AM Session 9:00 – 11:30		3 Day Plus Enrichment	
2 Day (Tues & Thurs) 2 1/2 yr. old		Mon. & Wed. 8:30-1:30; Fri. 8:30-11:30 3 yr. old	
		5 Day Plus Enrichment	
AM Session 8:30 – 11:30		Mon. & Fri. 8:30-11:30; Tues thru Thurs. 8:30-2:45 4-5 yr. old	
3 Day (Mon., Wed., Fri.) 3 yr. old			
5 Day (Mon thru Fri) 4-5 yr. old		Pre-K Enrichment 12:15 - 2:45	
		3-Day (Tues., Wed., Thurs.) 4-5 yr. old	

(OVER)

FAMILY

Names of siblings and ages	Brothers	Sisters
Previous playgroup experience of your child: _____		

DOCTOR

Child's Doctor	
Telephone	
Address	
Allergies	

CUSTODY

Name of person **PROHIBITED** from picking up the child:

If a non-custodial parent is not 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.

PAYMENT

First payment is due at the time of registration. This payment is non-refundable.

***Payments # 2 thru #10 are due the 1st school session September thru May. No bills are sent monthly, statements are sent when necessary.**

No credit is issued for non-attendance, vacation, illness or snow days.

Minimum of 30 days written notice to withdraw from school. Parents are responsible for tuition during the 30 day period.

SIGNATURES

Both parents must sign and date this form.

_____ **Date** _____

Mother's signature

_____ **Date** _____

Father's signature