



HAPPY FACE NURSERY SCHOOL OF CALIFON, INC.
P.O. Box 81 Califon, NJ 07830; (908) 832-7510
www.happyfacenurseryschool.org
Located In: Lower Valley Presbyterian Church, 443 County Route 513

APPLICATION FOR ENROLLMENT 2020/2021

Session: ____ 2 ½ am ____ 3 am (2 day) ____ 3 am (3day) ____ 4 am (3-day) ____ 4 am (4-day) ____ Fab 5 am (5-day)
 (Mon & Wed) (Tue & Thurs) (Tue, Thurs & Fri) (Mon, Wed & Fri) (M, W, Th & F) (Mon - Friday)

Type of Enrollment: New ____ Existing ____ Sibling ____

Child's Name: _____
 (Last) (First) (Middle) (Nickname)

Birth Date: _____ M/F: Male Female

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-Mail: _____

Elementary School District: _____ (e.g. Califon, High Bridge, Lebanon Twp., Tewksbury)

Father's Name: _____ Mother's Name _____

Occupation: _____ Occupation: _____

Business Address: _____ Business Address: _____

Work Phone: (____) _____ Work Phone: (____) _____

Local Contact in Case of Emergency: _____ Child's Physician: _____
 Name: _____ Name: _____

Address: _____ Address: _____

Phone: (____) _____ Phone: (____) _____

Is your child classified? Yes ____ No ____ If yes, please explain: _____

If your child considered special needs? Yes ____ No ____ If yes, please explain: _____

Has your child ever received any Early Intervention Services: Yes ____ No ____ If yes, please explain: _____

Does your child have any allergies? Yes ____ No ____ If yes, is it life-threatening? Yes ____ No ____
 Please describe reaction and treatment. _____

Names and Birth Dates of Siblings: _____

Child's Favorite Activities: _____

List Five Words to Describe Your Child: _____

Has your child had frequent playmates his/her own age? Yes _____ No _____

Do you expect your child to have difficulty in adjusting to nursery school? Yes _____ No _____

If so, what? _____

What is your child's primary language? _____ Secondary language? _____

Does your child speak in sentences? _____ Does your child speak clearly? _____

Is your child potty trained? _____

Do you think your child has any problem hearing and/or understanding? If so, please explain. _____

How many years has your child attended Pre-School? _____

Where did you hear about Happy Face Nursery School? _____

Parent's Remarks: _____

Please sign: ***I HAVE RECEIVED, AND AGREE TO, THE REGISTRATION AND TUITION POLICIES OF HAPPY FACE NURSERY SCHOOL OF CALIFON, INC.***

Name: _____ Date: _____
(please print)

Signature: _____

Please return this completed, signed application, the non-refundable \$50.00 registration fee plus the last month's tuition to the school in person during open registration or by mail to:

Happy Face Nursery School of Califon, Inc.
P.O. Box 81
Califon, NJ 07830

HAPPY FACE USE ONLY:

Date Received: _____ Total Amount: _____ Check #: _____

Session Assigned: _____ Registration Paid: _____

Number: _____ Tuition Paid: _____