

**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

| | | | |
|---|--|--------------------------------------|--|
| <i>Please indicate 1st and 2nd choice. Application fee: \$75.00 - Non-refundable **</i> | | | |
| <i>Please make checks payable to: Meadow Flower Nursery School</i> | | | |
| AM Session 8:30 – 11:30 | | P.M. Session 12:30 – 3:30 | |
| 3 Day (Mon/ Wed/ Fri) 3 yr. old | | 4 Day (Mon thru Thurs) 4-5 yr. old | |
| 5 Day (Mon thru Fri) 4-5 yr. old | | Pre-K Enrichment 12:15 - 2:45 | |
| AM Session 9:00 – 11:30 | | 3-Day (Tues,Wed,Thurs) 4-5 yr. old | |
| 2 Day (Tues & Thurs) 2 1/2 yr. old | | | |
| Lunch Bunch 11:30 – 12:30 | | | |
| 5 Day (Mon thru Fri) | | | |

(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 two weeks after acceptance letter is received. 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, and illness or snow days.

If tuition payment is over thirty days late, your child will not be allowed to return to school until payment is made.

SIGNATURES

Both parents must sign and date this form.

_____ Date _____
Mother's signature

_____ Date _____
Father's signature