



FOR OFFICIAL USE ONLY

DATE: _____

RECORDER: _____

CHURCH: _____

FORMER: _____

**FIRST PRESBYTERIAN CHURCH OF MANASQUAN
PRESCHOOL REGISTRATION**

All applications must have 1st and 2nd choices
Some class offerings are dependant upon enrollment

Four Year Old Class – AM Classes 2 day _____ 3 day _____ 5 day _____

PM Classes 2 day _____ 3 day _____ 5 day _____

Three Year Old Class – AM Classes 2 day _____ 3 day _____

PM Classes 2 day _____ 3 day _____

Additional classes could be added if necessary _____ (State time and day)

Date of Application _____ Date of Birth _____ Sex _____

Child's Full Name _____ Name to be used in class _____
First Last

Mailing Address _____
Street City State Zip

Home Address _____
(If different) Street City State Zip

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____
(if different) (if different)

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Siblings (brothers and sisters and ages) _____

Father's Occupation _____ Mother's Occupation _____

Place of Business _____ Place of Business _____

For legal reasons we must have the signatures of each parents permitted to pick up this child.

(Father)

(Mother)

**PERSONS AUTHORIZED TO PICK UP CHILD AND/OR CONTACT IN CASE OF EMERGENCY IF
NEITHER PARENT IS AVAILABLE:**

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

_____ Phone _____ Phone _____

Cell phone _____ Cell phone _____

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

_____ Phone _____ Phone _____

Cell phone _____ Cell phone _____

PHYSICIAN _____ Phone _____

ADDRESS _____

ALLERGIES _____

PLEASE NOTE ANY PHYSICAL OR EMOTIONAL HANDICAPS OR OTHER PERTINENT MEDICAL INFORMATION.

A doctor's signed copy of all state-required inoculations and their dated will be due prior to the opening of school.

My child will be entering kindergarten in September of _____.
(Year)

I hereby make application to the First Presbyterian Church of Manasquan Nursery School for my child. I agree to pay the yearly sum of \$_____ in three installments by June 1, September 1 and February 1 respectively, or ten installments due May through February.

(Date)

(Parent or guardian signature)

Return with the registration fee of \$100.00 to the First Presbyterian Church Nursery School, 16 Virginia Avenue, Manasquan, NJ 08736. PAYABLE TO 1ST PRESBYTERIAN NURSERY SCHOOL.

I understand that enrollment cannot be guaranteed if May and June payments are not made. I understand that withdrawal prior to August 1 will be refunded 50%. Withdrawal after August 1 is non-refundable.