

# FIRST PRESBYTERIAN CHURCH OF MANASQUAN

## PRESCHOOL REGISTRATION

FOR OFFICIAL USE ONLY

DATE: \_\_\_\_\_

RECORDER: \_\_\_\_\_

CHURCH: \_\_\_\_\_

FORMER: \_\_\_\_\_

All applications must have 1<sup>st</sup> and 2<sup>nd</sup> choices  
 Some class offerings are dependent upon enrollment

Four Year Old Class – AM Classes 2 day \_\_\_\_\_ 3 day \_\_\_\_\_ 5 day \_\_\_\_\_  
 PM Classes 2 day \_\_\_\_\_ 3 day \_\_\_\_\_ 5 day \_\_\_\_\_  
 Extended Day 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 parent 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 \_\_\_\_\_

**MEDICAL INFORMATION:**

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 dates 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 Pre-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 FIRST PRESBYTERIAN PRE-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.**