

REGISTRATION AND EMERGENCY FORM
HAYTOWN NURSERY SCHOOL
247 OLD TURNPIKE ROAD
CALIFON, NJ 07830
908-832-5645

Date of Application _____
Classes: _____

Child's Name _____ Child's Nickname _____
Birth date _____ Sex _____
Address _____
City _____ Zip _____ Phone _____

Mother's Name _____ Father's Name _____
Home Address _____ Home Address _____
Home Phone _____ Home Phone _____
Occupation _____ Occupation _____
Employer _____ Employer _____
Business Address _____ Business Address _____
Business Phone _____ Business Phone _____
Cell Phone _____ Cell Phone _____
E-mail address _____
Sibling's Names and Ages _____

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 _____

Child's Doctor _____ Phone _____
Doctor's Address _____
Child's Dentist _____ Phone _____
Hospital _____ Phone _____

Custodial Information:

If a custodial (or non-custodial) parent is not included among those persons authorized by the custodial parent to pick up a child, please explain below and attach a copy of appropriate documents(court order).

IN THE EVENT THAT A MEDICAL EMERGENCY OCCURS, I AUTHORIZE HAYTOWN NURSERY SCHOOL TO SEEK EMERGENCY MEDICAL CARE FOR MY CHILD AS DEEMED NECESSARY BY THE DIRECTOR OR ONE OF THE STAFF.

Signature _____ Date _____

Parent gives permission to Haytown Nursery School to photograph their son/daughter and to use these photos for brochures, websites, advertising or display purposes. Parent also gives permission to distribute above information on a class list.

Signature _____ Date _____

THIS FORM ACCOMPANIED BY A CHECK MUST BE RETURNED TO THE SCHOOL TO REGISTER YOUR CHILD. CHECKS CAN BE MADE PAYABLE TO "HAYTOWN NURSERY SCHOOL".

I UNDERSTAND THAT ONCE A CHILD IS REGISTERED, THESE MONIES ARE NON-

REFUNDABLE. Parent's signature _____ Date _____

STUDENT'S NAME _____

PLEASE CHECK THE DESIRED PROGRAMS:

CHILDREN 2 BY OCTOBER 1ST

<u>PROGRAM</u>	<u>COST/YEAR</u>	<u>REGISTRATION AMOUNT</u>
_____ MOMMY/DADDY AND ME (9:00 - 10:30, MONDAY)	\$220	\$220
_____ TERRIFIC 2'S AND 3'S (9:00 - 12:00, MONDAY)	\$648	\$324
_____ 2 nd DAY OPTION (9 - 12:00, FRIDAY)	\$648	\$324

CHILDREN 3 BY OCTOBER 1ST

<u>PROGRAM</u>	<u>COST/MON.</u>	<u>REGISTRATION AMOUNT</u>
_____ 3 DAY PROGRAM (9:00 - 12:00 T, W, TH)	\$360	\$720
_____ 3 DAY OPTIONAL LUNCH (12:00 - 1:00 T, W, TH)	\$92	\$184
_____ FANTASTIC FRIDAYS (9:00 - 12:00, FRIDAY)	\$100	\$200

CHILDREN 4 BY OCTOBER 1ST

<u>PROGRAM</u>	<u>COST/MON.</u>	<u>REGISTRATION AMOUNT</u>
_____ 4 DAY PROGRAM (9:00 - 1:00 M,T,W,TH)	\$478	\$910
_____ FANTASTIC FRIDAYS (9:00 - 12:00 FRIDAYS)		\$200

Total Registration Amount _____
Registration Fee + _____ \$50.00

Total Payment Due with Application = _____

I (would/would/not)_____ be interested in an extended day (1:00-3:00)