



**Manoa Nursery School**  
153 N. Eagle Road  
Havertown, PA 19083  
Phone: 610-449-0863  
www.ManoaNurserySchool.com

For office use only	
M-2	_____
2 day	_____
3 day	_____
5 day	_____
Birth Cert.	_____

## 2011-2012 Registration Form

NAME OF PUPIL _____	SEX _____
(Last) _____	(First) _____
ADDRESS _____	ZIP _____
PHONE _____	DATE OF BIRTH _____ (Month /Day/Year)
CELL PHONE _____	EMAIL _____

NAME OF FATHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_ DAY PHONE \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_ DAY PHONE \_\_\_\_\_

NAME YOU WANT CHILD TO LEARN TO WRITE/NICKNAME \_\_\_\_\_

IF PARENTS UNAVAILABLE, PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LIST OTHER CHILDREN IN HOME:

NAME	DATE OF BIRTH	SEX
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LIST ALL PERSONS LIVING IN YOUR HOME: \_\_\_\_\_

LIST PETS IN HOME and NAMES: \_\_\_\_\_

HAS AN OLDER CHILD PREVIOUSLY ATTENDED MANOA? TEACHER: \_\_\_\_\_

**DOES YOUR CHILD HAVE:**

ALL REQUIRED IMMUNIZATIONS TO DATE? YES  NO

ANY ALLERGIES? (FOOD, PETS, INSECTS, ETC.) \_\_\_\_\_

ANY SPECIAL NEEDS OR ANY DIAGNOSED HEALTH PROBLEMS, INCLUDING HEARING OR SPEECH?

PRIOR NURSERY SCHOOL EXPERIENCE? YES  NO

IF SO, WHERE? \_\_\_\_\_ IF MANOA, TEACHER: \_\_\_\_\_

WHAT DOES YOUR CHILD ENJOY LEAST? \_\_\_\_\_

MOST? \_\_\_\_\_

WHAT CONCERNS DO YOU HAVE CONCERNING YOUR CHILD'S ADJUSTMENT TO A CLASSROOM SETTING?

RIGHT HANDED  LEFT HANDED

For your convenience, we have broken down the tuition into nine payments. This is due and payable on the first of the month. Because our yearly budget is planned to include your payments, we cannot deduct anything for absence due to illness or otherwise.

I am enrolling my child in the Manoa Nursery School for the September to May 2011-2012 school year:

**"Me, Too!" Program 3 year olds** 2 Days (Tuesday/Thursday) \_\_\_\_\_ \$166.00 per month  
(3 years old by 1/31/12) (Wednesday/Friday) \_\_\_\_\_ \$166.00 per month

**2 day Program for 3's and 4's** (Monday & Friday) \_\_\_\_\_ \$152.00 per month  
(3 years old by 9/1/11 and potty trained)

**3 day Program for 4's and 5's** (Tues., Wed., Thurs.) AM \_\_\_\_\_ \$184.00 per month  
(4 years old by 11/1/11) PM \_\_\_\_\_ \$184.00 per month

**5 day Program for 5's** (Monday to Friday) 5 Day AM \_\_\_\_\_ \$237.00 per month  
(5 years old by 1/31/12)

I am enclosing the registration fee of \$60.00, non-refundable. I realize that this agreement is binding for the year.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Please enclose a small, up-to-date snapshot of your child, a copy of current Immunization Record and a copy of child's Birth Certificate.