



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.	_____

2012-2013 Registration Form

NAME OF PUPIL _____ (Last) (First)	SEX _____
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 2012-2013 school year:

"Me, Too!" Program 3 year olds 2 Days (Tuesday/Thursday) _____ \$173.00 per month
(3 years old by 1/31/13) (Wednesday/Friday) _____ \$173.00 per month

2 day Program for 3's and 4's (Monday & Friday) _____ \$158.00 per month
(3 years old by 9/1/12 and potty trained)

3 day Program for 4's and 5's (Tues., Wed., Thurs.) AM _____ \$191.00 per month
(4 years old by 11/1/12) PM _____ \$191.00 per month

5 day Program for 5's (Monday to Friday) 5 Day AM _____ \$247.00 per month
(5 years old by 1/31/13)

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.