

**MAGIC KINGDOM DAY NURSERY
AND
KINDERGARTEN**



REGISTRATION

88 Brooklake Road
Florham Park, NJ 07932

Telephone: (973) 966 9762

Fax: (973) 377-3994

Website: www.magickingdomsdv.Org

Mail: magickingdom2008@yahoo.com

MAGIC KINGDOM DAY NURSERY AND KINDERGARTEN- 88 BROOKLAKE RD.
FLORHAM PARK, NJ 07932

TEL.(973) 966-9762

FAX (973) 377-3994

ENROLLMENT APPLICATION

Date _____

Child's Name _____

Last First Middle

Date of Birth _____

Month day year sex

Address _____

Street apt# city zip

Telephone# Home _____ Neighbor's _____

Mother's Name _____ occupation _____

email _____

Cell phone# _____

Company _____ Work Address _____ Telephone #-----

Father's name _____ Occupation _____

email _____ Cell # _____

Company _____ Work Address _____ Telephone# _____

Child allergies (Food, Medication, etc. if any.)

Physician _____

Name address phone#

Emergency contact in case we are unable to contact the parent/guardian(s) at the Number above.

Name _____ Address _____ Telephone _____

In case of emergency we seek emergency medical care for your child Yes _____ NO _____

I would like to be added to the School Directory Yes-----No----

MAGIC KINGDOM DAY NURSERY AND KINDERGARTEN-
88 BROOKLAKE RD.
FLORHAM PARK, NJ 07932

TEL. (973) 966-9762
3994

FAX (973) 377-

EMERGENCY CONTACT INFORMATION

Child Name _____ D.O.B. _____ Class _____

Address: _____

Home Phone # _____

Mother: _____ Cell# _____

Father: _____ Cell# _____

Authorized Person/s that can pick up the child or can be contacted in case of emergency

Name of the Person	Relation	Tel. Number	Cell Number

**MAGIC KINGDOM DAY NURSERY AND KINDERGARTEN
PARENT/GUARDIAN AGREEMENT**

I am enrolling my child _____ in the _____ year-old class. My child will be attending on the following day's _____. I am enclosing the required registration fee of \$_____.

I understand the registration fee is NONREFUNDABLE and does not apply to the September tuition. I agree to pay the monthly tuition of \$_____ on the first Monday of each month from September through July. I understand there will be a late fee of \$10.00 if paid after the 7th of each month and an additional \$1.00 per day after the 12th of each month. I understand that if I must withdraw my child from the program, one month's notice is required, and I will be responsible for paying one full month's tuition for any portion of a month in which my child attends. I understand if I am late in picking up my child, I will be charged a late fee according to the parent handbook. I understand if my check is returned from the bank, I will be responsible for paying a \$25.00 fee. If a second check is returned all future payments will be made **by cash or money order**.

NO PAYMENT REDUCTIONS:

I also understand there will be No Payment Reductions for Non-Attendance. All payments are due and payable in full as scheduled, even when the students are absent from school for any reason.

No reduction of payment is allowed for absences due to sickness, family vacations, holidays, snow days, other schools closings, suspensions, or any other reason.

Parent's Signature _____ Date _____

RELEASE AUTHORIZATION

Child's Name_____

Magic Kingdom Nursery School will not release your child to anyone other than those for whom we have written permission. Please use the space below to write the names of relatives, friends, or neighbors who may at some time be taking your child home from school.

Please notify our staff if a designated person other than a parent or guardian is picking up your child. Any person picking you your child must be listed on this form and should be prepared to show photo identification.

PHOTO PERMISSION

I give permission for my child to be included in classroom activity photos. These photos will be posted on our bulletin boards.

Parent's signature_____ Date_____

WHAT ARE THE THINGS I NEED TO BRING FOR MY 18 MONTHS OR 2 YEARS OLD.

- ✓ A Small pillow
- ✓ ***A blanket and one sheet cots' size are needed for naptime***
- ✓ Diaper
- ✓ Wipes
- ✓ Bottle
- ✓ Sippy-cup - preferable the ones with handles for first time drinkers
- ✓ Clothes for change-preferable pants with elastic waist bands.

***Everything should be labeled with the child's name.

Please note that all sheets and blankets should be taken home EVERY FRIDAY to be washed and must be returned on Monday morning.

CHILD'S NAME; _____
Name Last

PARENTS' SIGNATURE _____ DATE _____

****PLEASE SIGN AND RETURN TO OFFICE****
ALONG WITH THE ENROLLMENT APPLICATION

Magic Kingdom Day Nursery and Kindergarten
Vocationist Sisters
88 Brooklake Rd.
Florham Park, NJ 07932

Tel. 973-966-9762

Fax 973-377-3994

School Regulations Agreement Form Package includes

- ___School Regulations
- ___Information to Parents
- ___ Policy on the Release of Children
- ___Policy on the Communicable Disease Management
- ___Policy on the use of Technology
- ___Positive Guidance and Discipline Policy
- ___Policy on Method of Parental Notification
- ___ Policy on Expulsion of Children

I have read and received a copy of the information/policies above.

I (we) feel that the Magic Kingdom Day Nursery Regulations set forth can be met by me (us).

Child's Name_____

Parent/guardian Signature: _____Date_____

