

**HAPPY FACE NURSERY SCHOOL OF CALIFON, INC.**  
**P.O. Box 81 Califon, NJ 07830**  
**(908) 832-7510**  
**www.Happyfacenurseryschool.com**  
**Located In: Lower Valley Presbyterian Church, 443 County Route 513**

**APPLICATION FOR ENROLLMENT 2012/2013**

Session: \_\_\_\_\_ 2 ½ am (T/TH) \_\_\_\_\_ 2 ½ pm (T/TH) \_\_\_\_\_ 3 am (2 day) \_\_\_\_\_ 3 am (3day) \_\_\_\_\_ 3 pm (2day) \_\_\_\_\_ 3 pm (3day)  
\_\_\_\_\_ 4 am \_\_\_\_\_ 4 pm \_\_\_\_\_ Fab 5's (5-day am) \_\_\_\_\_ Fab 5's (4-day pm)

Type of Enrollment: New \_\_\_\_\_ Existing \_\_\_\_\_ Sibling \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Birth Date: \_\_\_\_\_ M/F: Male Female

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Elementary School District: \_\_\_\_\_ (e.g. Califon, High Bridge, Lebanon Twp., Tewksbury)

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Local Contact in Case of Emergency: \_\_\_\_\_ Child's Physician: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Is your child classified? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If your child considered special needs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever received any Early Intervention Services: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is it life-threatening? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please describe reaction and treatment. \_\_\_\_\_  
\_\_\_\_\_

Names and Birth Dates of Siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Favorite Activities: \_\_\_\_\_

List Five Words to Describe Your Child: \_\_\_\_\_  
\_\_\_\_\_

Has your child had frequent playmates his/her own age? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you expect your child to have difficulty in adjusting to nursery school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what? \_\_\_\_\_

What is your child's primary language? \_\_\_\_\_ Secondary language? \_\_\_\_\_

Does your child speak in sentences? \_\_\_\_\_ Does your child speak clearly? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

Do you think your child has any problem hearing and/or understanding? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

How many years has your child attended Pre-School? \_\_\_\_\_

Where did you hear about Happy Face Nursery School? \_\_\_\_\_

Parent's Remarks: \_\_\_\_\_  
\_\_\_\_\_

Please sign: ***I HAVE RECEIVED, AND AGREE TO, THE REGISTRATION AND TUITION POLICIES OF HAPPY FACE NURSERY SCHOOL OF CALIFON, INC.***

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(please print)*

Signature: \_\_\_\_\_

Please return this completed, signed application, the non-refundable \$50.00 registration fee plus the last month's tuition to the school in person during open registration or by mail to:

Happy Face Nursery School of Califon, Inc.  
P.O. Box 81  
Califon, NJ 07830

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**HAPPY FACE USE ONLY:**

Date Received: \_\_\_\_\_ Total Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Session Assigned: \_\_\_\_\_ Registration Paid: \_\_\_\_\_

Number: \_\_\_\_\_ Tuition Paid: \_\_\_\_\_