

Half Notes Registration



Student Information

Name	
Birthday	
Street Address	
City ST ZIP Code	

Caretaker Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Special Notes

Is there anything about your child we should know?

Tuition:

Six week program: \$50

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Please remit this form with payment to:

Manahawkin Methodist Preschool
PO Box 487
Manahawkin, NJ 08050