LANDIS WOODS NATURE PRESCHOOL APPLICATION FORM 2023-2024 School Year

Landis Woods Nature Preschool is open for both Residents of Manheim Township and Non-Residents; Residents and Non-residents may register 1/3/2023. There is a constitute \$50 per school year, non-refundable registration from Fall semester classes run from Wednesday, September 6, 2023 through Friday, December 15, 2023 [14 calendar weeks]. Spring semester classes will begin on January 2, 2024 and run through May 17, 2024 [20 calendar weeks] - tuition rates reflect time in session. All students must be potty-trained. RETURN FORM to naturepreschool@manheimtownship.org. Questions? Call 717-290-7180, Ext. 3100.

City, State, Zip Code	must be potty-trained. INETOKIN TOKIN to	/ natureprescriooi@mainiemit	ownship.org. Questions	Gail 7 17-230-7 100, Ext. 3100.
Emergency Name & Number	Child's Last Name	First Name		Nickname
non-refundable application fee are required to hold your child's space. REGISTRATION for the 2023/2024 school year opens 1/3/2023 at 8 AM! Spaces are limited; registration is first come, first served, IN PERSON ONLY, at Stauffer Mansion, 1241 Lititz Pike. IN CASE OF MEDICAL EMERGENCY I understand that every effort will be made to contact the parents and/or guardians of the student. In the event that I cannot be reached, I hereby give my permission to the physician selected by the preschool staff to hospitalize and/or secure proper treatment for my child, as named on this application form. MANHEIM TOWNSHIP RECREATION & PARK PLANNING GENERAL AGREEMENT The Preschool Director and teachers will use every reasonable precaution to prevent accidents, however, they will not be responsible for medical, dental, hospital expense damages of any kind incurred due to accidents occurring during the program. All parents are encouraged and advised to provide accident insurance for their children with corporate, during and following participation in the program. Such coverage is generally available through a family employer or student accident insurance. I understand and agree to the above and request that my child be allowed to participate in LANDIS WOODS NATURE PRESCHOOL. I agree that neither the Manheir Township Recreation & Park Planning Department, Manheim Township, nor the Manheim Township Recreation & Park Planning Department, Manheim Township, nor the Manheim Township school District and its instructors, administrators, agents, and employees held responsible for any injury to my child during the program or while going to or from any session, regardless of the cause. I permit MTRD to use any photographs or videotape of me or my child(iren) for promotional purposes. I understand that utilition fees are due prior to the start of each month/semester. If payment is not received, I forfeit my deposit and my child will not be able to participate in the program.	Circle One: 3 Yr. Old / Pre-K / Afternoons	Birth Date/Add	dress	
Father's Name Mother: Daytime Number	City, State, Zip Code		Male / Female Resid	dent of Manheim Twp? Yes / No
Mother: Daytime Number	Home Phone Number	Emergency Name	& Number	
E-mail: Medical Information - My child has the following allergies, physical, and or dietary restrictions: Special Accommdations - In order to participate, my child has the following support needs: This Application Form and \$50 non-refundable application fee are required to hold your child's space. REGISTRATION for the 2023/2024 school year opens 1/3/2023 at 8 AM: Spaces are limited; registration is first come, first served, IN PERSON ONLY, at Stauffer Mansion, 1241 Lititz Pike. Stauffer Mansion, 1241 Lititz Pike. IN CASE OF MEDICAL EMERGENCY Lunderstand that every effort will be made to contact the parents and/or guardians of the student. In the event that I cannot be reached, I hereby give my permission to the physician selected by the preschool staff to hospitalize and/or secure proper treatment for my child, as named on this application form. MANHEIM TOWNSHIP RECREATION & PARK PLANNING GENERAL AGREEMENT The Preschool Director and teachers will use every reasonable precaution to prevent accidents, however, they will not be responsible for medical, dental, hospital expense damages of any kind incurred due to accidents occurring during the program. All parents are encouraged and advised to provide accident insurance for their children with correct or any kind incurred due to accidents occurring rounds and advised to provide accident insurance for their children with correct or any kind incurred due to accidents occurring only in the Manheim Township, nor the Manheim Township, according to the cause of the cause. I payment is not received, I forfeit my deposit and my child will not be able to participate in the program.	Father: Daytime Number	Fath	ner's Name	
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PHONE NO. 717-290-7180, Ext. 3100 or FAX NO. 717-393-4221 - CREDIT CARDS ONLY! VISA/MasterCard/Discover #///	damages of any kind incurred due to accidents occurring prior to, during and following participation in the program I understand and agree to the above and request that Township Recreation & Park Planning Department, Maniheld responsible for any injury to my child during the pro I permit MTRD to use any photographs or videotape I understand that tuition fees are due prior to the	g during the program. All parents are enco. Such coverage is generally available the trough of trough of the trough of the trough of trough of the trough of the trough of trough o	ouraged and advised to provide ac prough a family employer or studen NDIS WOODS NATURE PRES ip School District and its instructor on, regardless of the cause.	ccident insurance for their children with coverage it accident insurance. ICHOOL. I agree that neither the Manheim s, administrators, agents, and employees shall t
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Signature (FAX ONLY!) Card Holder Name Expiration Date	EHONE NO. 717-290-7180, Ext. 3100 or FAX	NO. 717-393-4221 - CREDIT CAR	DS ONLY! VISA/MasterCard/	Discover #//
	Signature (FAX ONLY!)	Card Holder	Name	Expiration Date

FOR OFFICE USE: Date Rec'd. _____ Rec'd. By _____ Mail / Walk-In / Fax Check / Cash / Charge

PD. DEPOSIT \$ _____ BAL. DUE \$_