

ALPHABET KIDS NURSERY SCHOOL

REGISTRATION FORM 2024-2025

Child's Name _____ Date _____

Birthdate _____ Sex: F/M Age _____

Address _____

Email Address _____

Home Phone _____

Cell Phone _____

FAMILY INFORMATION

Mother's Name / Occupation _____

Father's Name / Occupation _____

Sibling's Names and Ages

Name of Child Age

1. _____

2. _____

3. _____

4. _____

Please notify the following people in an emergency:

NAME/PHONE #

1. _____

2. _____

3. _____

4. _____

CHILD'S MEDICAL DOCTOR/INFORMATION

Name of Doctor/Medical Group _____

Doctor's Phone # _____ Does your child have any allergies: Circle Y/N

If YES, list allergies below (Include Food Allergies)

Treatment: _____

CHILD'S CLASS : (PLEASE CHECK ONE)

1-YEAR-OLD – 1.5-YEAR-OLD CLASSES:

- | | |
|---|--|
| <input type="checkbox"/> Tues. & Thurs. AM Session 9:30-11:30 | <input type="checkbox"/> Tues. & Thurs. AM Session 9:30-12 |
| <input type="checkbox"/> Mon. & Wed. AM Session 9:30-11:30 | <input type="checkbox"/> Mon. & Wed. AM Session 9:30-12 |
| <input type="checkbox"/> Mon. & Wed. PM Session 12:30-2:30 | <input type="checkbox"/> Mon. & Wed. PM Session 12:30-3 |
| <input type="checkbox"/> Mon., Wed., Fri. AM Session 9:30-11:30 | <input type="checkbox"/> Mon., Wed., Fri. AM Session 9:30-12 |
| <input type="checkbox"/> Mon., Wed., Fri. PM Session 12:30-2:30 | <input type="checkbox"/> Mon., Wed., Fri. PM Session 12:30-3 |

*CHOOSE YOUR OWN DAYS _____

2-YEAR-OLD CLASSES:

- | | |
|---|---|
| <input type="checkbox"/> Tues. & Thurs. AM Session 9:30 - 12 | <input type="checkbox"/> Mon. & Wed. AM Session 9:30-12 |
| <input type="checkbox"/> Mon., Wed., Fri. AM Session 9:30 –12 | <input type="checkbox"/> Mon. - Fri. AM Session 9:30-12 |
| <input type="checkbox"/> Mon. & Wed. PM Session 12:30-3 | <input type="checkbox"/> Mon., Wed. & Fri. PM Session 12:30-3 |

*CHOOSE YOUR OWN DAYS _____

3-YEAR-OLD CLASSES:

- | | |
|---|---|
| <input type="checkbox"/> Tues. & Thurs. AM Session 9:15 – 11:45 | <input type="checkbox"/> Mon. & Wed. AM Session 9:15-11:45 |
| <input type="checkbox"/> Mon., Wed., Fri. AM Session 9:15-11:45 | <input type="checkbox"/> Mon. - Fri. AM Session 9:15 - 11:45 |
| <input type="checkbox"/> Mon. & Wed. PM Session 12:30-3 | <input type="checkbox"/> Mon., Wed. & Fri. PM Session 12:30-3 |

*CHOOSE YOUR OWN DAYS _____

4-YEAR-OLD CLASSES:

- | | |
|---|---|
| <input type="checkbox"/> Mon., Wed., Fri. AM Session 9:15 – 11:45 | <input type="checkbox"/> Mon., Wed., Fri. PM Session 12:30 –3 |
| <input type="checkbox"/> Mon. - Fri. AM Session 9:15 – 11:45 | |

*CHOOSE YOUR OWN DAYS _____

GETTING TO KNOW YOUR CHILD:

Please list your child's main interests, toys, TV programs, fears etc. _____

What can you tell us about your child that would help make this year most enjoyable and valuable for your child?

AGREEMENT

1. I will allow four weeks orientation at the beginning of the school experience.
 2. My child is permitted to accompany the staff members on school trips and activities.
 3. The school is permitted to act as it deems necessary for the care of my child in event of an illness or an emergency.
 4. I understand that tuition remains the same regardless of illness or vacation and that tuition is due on the 1st of each month from Sept. - June.
 5. I will give two (2) weeks written notice before withdrawing my child from the school.
 6. I assume full responsibility for transporting my child from home to the classroom and vice versa.
 7. The following individuals are permitted to transport my child:
 - a) _____
 - b) _____
 - c) _____
- Parent Signature X _____

SCHOOL INFORMATION

Alphabet Kids Nursery School

168 E. Main Street

Babylon, NY 11702

(631) 422 – ABCD / 2223

Email: alphabetkidsplace@aol.com

Website: alphabetkidsnurseryschool.com *Follow us on Facebook and Instagram*