

# ALPHABET KIDS NURSERY SCHOOL

## REGISTRATION FORM

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 (12-18 MONTHS) CLASSES: (2.5 HR SESSION AVAILABLE UPON REQUEST)**

- |   |   |
|---|---|
| _____ Tues. & Thurs. AM Session 9:45-11:45      | _____ Tues. & Thurs. 10-11:30                 |
| _____ Tues. & Thurs. PM Session 12:45-2:45      | _____ Tues. & Thurs. 1-2:30                   |
| _____ Tues., Thurs., Fri. AM Session 9:45-11:45 | _____ Tues., Thurs., Fri. AM Session 10-11:30 |
| _____ Tues., Thurs., Fri. PM Session 12:45-2:45 | _____ Tues., Thurs., Fri. PM Session 1-2:30   |

\*CHOOSE YOUR OWN DAYS \_\_\_\_\_

**1.5-YEAR-OLD (18-24 MONTHS) CLASSES: (2.5 HR SESSION AVAILABLE UPON REQUEST)**

- |   |   |
|---|---|
| _____ Tues. & Thurs. AM Session 9:45-11:45      | _____ Tues. & Thurs. 10-11:30                 |
| _____ Tues. & Thurs. PM Session 12:45-2:45      | _____ Tues. & Thurs. 1-2:30                   |
| _____ Tues., Thurs., Fri. AM Session 9:45-11:45 | _____ Tues., Thurs., Fri. AM Session 10-11:30 |
| _____ Tues., Thurs., Fri. PM Session 12:45-2:45 | _____ Tues., Thurs., Fri. PM Session 1-2:30   |

\*CHOOSE YOUR OWN DAYS \_\_\_\_\_

**2-YEAR-OLD CLASSES:**

- |  |  |
|--|--|
| _____ Tues. & Thurs. AM Session 9:30 - 11  | _____ Tues. & Thurs. AM Session 9:30 – 12  |
| _____ Tues. & Thurs. PM Session 12:30 – 2  | _____ Tues. & Thurs. PM Session 12:30-3    |
| _____ Mon., Wed., Fri. AM Session 9:30 –11 | _____ Mon., Wed., Fri. AM Session 9:30-12  |
| _____ Mon., Wed., Fri. PM Session 12:30-2  | _____ Mon., Wed., Fri. PM Session 12:30 –3 |

\*CHOOSE YOUR OWN DAYS \_\_\_\_\_

**\*\*FIVE DAYS AVAILABLE UPON REQUEST\*\***

**3-YEAR-OLD CLASSES:**

- |  |   |
|--|---|
| _____ Tues. & Thurs. AM Session 9:15 – 11:45   | _____ Tues. & Thurs. PM Session 12:30 – 3   |
| _____ Mon., Wed., Fri. AM Session 9:15 – 11:45 | _____ Mon., Wed., Fri. PM Session 12:30 – 3 |
| _____ Mon. - Fri. AM Session 9:15 – 11:45      | _____ Mon. - Fri. PM Session 12:30 – 3      |

\*CHOOSE YOUR OWN DAYS \_\_\_\_\_

**4-YEAR-OLD CLASSES:**

- |  |  |
|--|--|
| _____ Mon., Wed., Fri. AM Session 9:15 – 11:45 | _____ Mon., Wed., Fri. PM Session 12:30 –3 |
| _____ Mon. - Fri. AM Session 9:15 – 11:45      | _____ Mon. - Fri. PM Session 12:30 – 3     |

\*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 1<sup>st</sup> 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](mailto:alphabetkidsplace@aol.com)

Website: [alphabetkidsnurseryschool.com](http://alphabetkidsnurseryschool.com) \*Follow us on Facebook and Instagram\*

