

ALPHABET KIDS NURSERY SCHOOL

REGISTRATION FORM 2026-2027

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

Please notify the following people in an emergency:

<u>Name of Child</u>	<u>Age</u>	<u>NAME/PHONE #</u>
1.		1. _____
2.		2. _____
3.		3. _____
4.		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)

8 MONTHS – 12 MONTHS:

<input type="checkbox"/> Mon. & Wed. AM Session 8:30-11	<input type="checkbox"/> Mon. & Wed. AM Session 9-11:30
<input type="checkbox"/> Mon. & Wed., Fri. AM Session 8:30-11	<input type="checkbox"/> Mon. & Wed., Fri. AM Session 9-11:30
<input type="checkbox"/> Mon. - Fri. AM Session 8:30-11	<input type="checkbox"/> Mon. - Fri. AM Session 9-11:30
<input type="checkbox"/> Tues. & Thurs. AM Session 8:30-11	<input type="checkbox"/> Tues. & Thurs. AM Session 9-11:30

***CHOOSE YOUR OWN DAYS/HOURS/PM HOURS** _____

1-YEAR-OLD – 1.5-YEAR-OLD CLASSES:

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

***CHOOSE YOUR OWN DAYS/HOURS** _____

2-YEAR-OLD CLASSES:

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

***CHOOSE YOUR OWN DAYS/HOURS** _____

3-YEAR-OLD CLASSES:

<input type="checkbox"/> Tues. & Thurs. AM Session 9:15 – 11:45	<input type="checkbox"/> Tues. & Thurs. PM Session 12:30-3
<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	<input type="checkbox"/> Mon. - Fri. PM Session 1230-3

***CHOOSE YOUR OWN DAYS/HOURS** _____

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

***CHOOSE YOUR OWN DAYS/HOURS** _____

4-day program option available*/Ask about additional programs

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 of 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, VACATION OR HOLIDAYS
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 – *Follow us on Facebook and Instagram*

168 E. Main Street Email: alphabetkidsplace@aol.com

Babylon, NY 11702 Website: alphabetkidsnursery.com

(631) 422 – ABCD / 2223

THERE IS A \$50 REGISTRATION FEE DUE WITH APPLICATION