

# ALPHABET KIDS NURSERY SCHOOL

## REGISTRATION FORM 2025-2026

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"/> 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:**

- |   |   |
|---|---|
| <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/HOURS \_\_\_\_\_**

**\*4-day program option available\***

**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** – \*Follow us on Facebook and Instagram\*

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