



Date \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Check # \_\_\_\_\_

Date \_\_\_\_\_ Deposit \_\_\_\_\_ Check # \_\_\_\_\_

## REGISTRATION FORM

### NURSERY & PRE-K PROGRAMS

**I am enrolling my child in Nursery:**

- Morning Session: 8:00am – 11:00am (3 days per week) Must be 3 yrs. Old by September 1.  
Tue/Wed/Thurs
- Full Day Session: 8:00am – 2:45pm (5 days per week) Must be 3 yrs. Old by September 1.

**I am enrolling my child in Pre-K:**

- Morning Session: 8:00am – 11:00am (5 days per week) Must be 4 yrs. Old by September 1.
- Full Day Session: 8:00am – 2:45pm (5 days per week) Must be 4 yrs. Old by September 1.

### KINDERGARTEN PROGRAM

**I am enrolling my child in:**

- Full Day Session: 7:45am – 2:30pm (5 days per week) Must be 5 yrs. Old by September 1.

### AFTER SCHOOL PROGRAM

**I am enrolling my child in the afterschool program: Yes \_\_\_\_\_ No \_\_\_\_\_ (Please check)**  
**If yes, please complete the Kid's Club registration form.**

### BACKGROUND INFORMATION

School Previously attended: (if any) \_\_\_\_\_  
 Referred by: \_\_\_\_\_  
 Special services your child has received: \_\_\_\_\_  
 Allergies or other medical attention needed: \_\_\_\_\_

### STUDENT INFORMATION

Child's Name:		Sex:
Date of Birth:	Telephone:	
E-mail Address:		
Address:		
City:	State:	Zip Code:

### BACKGROUND

Mother's Name:	Father's Name:
Parents Marital Status (Circle One) Married    Separated    Divorced    Widow    Widower	Telephone:
Mother's Occupation:	Telephone:
Father's Occupation:	Telephone:

### EMERGENCY CONTACTS (YOU MUST LIST TWO)

Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:

Children must be toilet trained and independent in the bathroom. NO DIAPERS OR PULL-UPS.

**Please return this form with your NON-REFUNDABLE \$400.00 deposit and \$100.00 registration fee.**

*A copy of the child's birth certificate and immunization record must accompany this registration.*

9801 Frankford Avenue, Philadelphia, Pennsylvania 19114 • 215-632-3366

(SEE REVERSE)



## REGISTRATION FORM

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I understand that I am financially responsible for all charges incurred while attending Alpha House and that failure to meet this responsibility will result in referral of my account to a collection agency and possible legal action. I agree that if it becomes necessary to forward my account for collection or litigation, Holy Family University may assess any reasonable collection and attorneys' fees incurred to collect any delinquent balance.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Financially Responsible Parent/Guardian's Full Name:

\_\_\_\_\_

(Please Print)

Relationship to Child: \_\_\_\_\_

Parent/Guardian's Social Security Number: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

(Business Office Purpose Only)