



September 1, 2026

Dear Parents/Guardians:

Registration is now taking place for our after school program, KIDS' CLUB, for the 2026-2027 school year. Kids' Club (**After School Care**) is **available at Alpha House**, which is located on Holy Family University's campus.

Our program offers care and supervision in a fun, interactive and enriching environment for children ages preschool through grade 8.

There is a choice of a 3,4,or 5 days a week program. The scheduled hours are **2:30-6:00 PM**.

A discounted rate is offered to those who sign up for the 5-day program. Listed below is the tuition breakdown:

- 5 day Session-2:30-6:00 PM = \$300.00 monthly (\$75.00 weekly)
- 4 day Session-2:30-6:00 PM = \$275.00 monthly (\$68.75 weekly)
- 3 day Session-2:30-6:00 PM = \$250.00 monthly (\$62.50 weekly)
- Daily Rate is offered for \$25.00 per day

Tuition will be collected at the beginning of each month and is based on the number of school weeks for that month. Please note that there will be no refund of tuition for the days your child does not attend.

If you are interested in enrolling your child for the 2026-2027 school year, please send in the attached application with a **\$25.00 registration fee (checks only)** directly to Alpha House or to Nazareth Academy. Please make **checks payable to Holy Family University**.

We know this program will be beneficial to you and your child/children. For more information, please call Alpha House at (215) 632-3366 or email kidsclub@holyfamily.edu.

Sincerely,

Kristy (Boyd) Hudson- Kids' Club (co-director)



KIDS CLUB **2:30 – 6:00 P.M.** **REGISTRATION FORM**

I am enrolling my child in:

SPECIAL PICK-UP TIME: _____

☐ **5 Day Session**

☐ **4 Day Session**

☐ **3 Day Session**

☐ **Daily**

My child will be attending on these days: (Please Circle):

Monday

Tuesday

Wednesday

Thursday

Friday

School presently attending: _____

Referred by: _____

Special services your child has received: _____

Allergies or other medical attention needed: _____

Child's Name:

Sex:

Date of Birth:

Grade:

Telephone:

Address:

E-Mail Address:

City:

State:

Zip Code:

Mother's Name:

Father's Name:

Parents Marital Status (Circle One)

Married

Separated

Divorced

Widow

Widower

Mother's Occupation:

Telephone:

Father's Occupation:

Telephone:

Brother's or Sister's Name:

Date of Birth:

Brother's or Sister's Name:

Date of Birth:

Name:

Relationship:

Telephone:

Name:

Relationship:

Telephone:

Please return this form with your non-refundable \$25.00 Registration Fee.
 Grant and Frankford Avenues, Philadelphia, Pennsylvania 19114 ☎ 215-632-3366