

Date _____ Reg. Fee _____ Check # _____

Date _____ Deposit _____ Check # _____



REGISTRATION FORM

NURSERY & PRE-K PROGRAMS

I am enrolling my child in:

- Full Day Session: 8:15am – 2:45pm (5 days per week) Must be 3 yrs. Old by September 1.
- Full Day Session: 8:15am – 2:45pm (5 days per week) Must be 4 yrs. Old by September 1.
- Morning Session: 8:15am – 10:45am (3 days per week) Must be 4 yrs. Old by September 1.
- Afternoon Session: 12:15pm – 2:45pm (3 days per week) Must be 4 yrs. Old by September 1.
- Morning Session: 8:15am – 10:45am (2 days per week) Must be 3 yrs. Old by September 1.
- Afternoon Session: 12:15pm – 2:45pm (2 days per week) Must be 3 yrs. Old by September 1.

KINDERGARTEN PROGRAMS

I am enrolling my child in:

- Full Day Session: 7:50am – 2:20pm (5 days per week) Must be 5 yrs. Old by September 1.

AFTER SCHOOL PROGRAMS

I am enrolling my child in the after school 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) _____ Telephone: _____
Married Separated Divorced Widow Widower

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)