

**REFORMATION NURSERY SCHOOL
AFTER K REGISTRATION FORM
2016-17 SCHOOL YEAR**

CLASS PREFERENCE

After K Classes (check one program below & then circle the days of the week attending)

- 5 Days @\$325/month** (M) (T) (W) (Th) (F)
- 4 Days @\$280/month** M T W Th F
- 3 Days @\$210/month** M T W Th F
- 2 Days @\$145/month** M T W Th F
- 1 Day @\$ 80/month** M T W Th F

Note: For planning purposes, the days you select will remain the same for the entire school year; **days are not interchangeable.**

STUDENT INFORMATION (Please **print** legibly)

Full Name: _____ Birth date: _____

Name you would like us to call your child: _____

Has this child previously attended Reformation Nursery School? _____ Year(s): _____

Has a sibling attended? _____ Name: _____ Year(s): _____

Referred by: _____

PARENT INFORMATION

Father's Name: _____ Mother's Name: _____

Address: Number & Street: _____ Apt. # _____

City/State _____ Zip _____

Father's Contact Info:

Mother's Contact Info:

Home Phone (____) _____

Home Phone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

E-Mail Address: _____

E-Mail Address: _____

(Note: we do not share your information)

Father's signature

Date

Mother's signature

Date

A non-refundable registration fee of \$50 per child is due at time of registration.
(Note: A refund exception will be made if your child is placed in PM Kindergarten)

(Checks made payable to "Reformation Schools, Inc."). No cash please!

**Forms and payment may be dropped off or mailed to:
Reformation Nursery School, 102 W. Rose Tree Road, Media, PA 19063**