

**REFORMATION NURSERY SCHOOL  
AFTER K REGISTRATION FORM  
2017-18 SCHOOL YEAR**

**CLASS PREFERENCE**

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

- 5 Days @\$340/month**    (M) (T) (W) (Th) (F)
- 4 Days @\$290/month**    M   T   W   Th   F
- 3 Days @\$220/month**    M   T   W   Th   F
- 2 Days @\$150/month**    M   T   W   Th   F
- 1 Day @\$ 85/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**