

**REFORMATION NURSERY SCHOOL**  
**AFTER K REGISTRATION FORM**  
**2021-22 SCHOOL YEAR**

**STUDENT INFORMATION** (Please **print** legibly)

Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Name you would like us to call your child: \_\_\_\_\_ Sex: M F (circle one)  
Has this child previously attended Reformation Nursery School? \_\_\_\_\_ Year(s): \_\_\_\_\_  
Has a sibling attended? \_\_\_\_\_ Name: \_\_\_\_\_ Year(s): \_\_\_\_\_  
Where will your child attend Kindergarten? \_\_\_\_\_  
Does your child have an IEP or receiving any services (Speech, OT, PT, Behavior): \_\_\_\_\_

**CLASS PREFERENCE**

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

- 5 Days @\$385/month**    (M) (T) (W) (Th) (F)  
 **4 Days @\$335/month**    M T W Th F  
 **3 Days @\$260/month**    M T W Th F  
 **2 Days @\$175/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.**

**PARENT INFORMATION**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Address: Number & Street: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Father's Contact Info:**

Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Mother's Contact Info:**

Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
(Note: we do not share your information outside of school)

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Date

A **non-refundable** registration fee of \$50 per child is due at time of registration.

(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**