

REFORMATION NURSERY SCHOOL
AFTER K REGISTRATION FORM
2024-25 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): _____
Is your child allergic to anything? _____
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 @\$450/month** (M) (T) (W) (Th) (F)
 4 Days @\$400/month M T W Th F
 3 Days @\$325/month M T W Th F
 2 Days @\$235/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

Parent's Name: _____ Parent's Name: _____
Address: Number & Street: _____ Apt. # _____
City/State _____ Zip _____

Parent's Contact Info:

Home Phone (____) _____
Cell Phone (____) _____

Parent's Contact Info:

Home Phone (____) _____
Cell Phone (____) _____

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

E-Mail Address: _____

Parent's signature

Date

Parent's signature

Date

A **non-refundable** registration fee of **\$100 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