

**REFORMATION NURSERY SCHOOL**  
**AFTER K REGISTRATION FORM**  
**2025-26 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 @\$500/month**    (M) (T) (W) (Th) (F)

**4 Days @\$450/month**    M T W Th F

**3 Days @\$375/month**    M T W Th F

**2 Days @\$285/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 (\_\_\_\_\_) \_\_\_\_\_

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

(Note: we do not share your information outside of school)

**Parent's Contact Info:**

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

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

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**