

445 Allentown Drive
Allentown, PA 18109
(610) 434-2644



REGISTRATION FORM

Parent's Name: _____ Phone #: _____

Address: _____

Child's Name: _____ Date of Birth: _____

Email Address: _____@_____ Primary Language: _____

Anticipated/Requested Date of Care: _____ Full Time / Part Time

Please list any past Preschool/Nursery/Child Care experience:

Are there any areas of development that you are concerned with?

For Office Use Only

Date Form Completed: _____ Anticipated Classroom: _____
Registration Fee (\$25) pd? ___ Security Deposit (\$ _____) pd? ___