

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

## REGISTRATION FORM

Parent's Name: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Siblings:

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Needs Care also? Yes / no

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Needs Care also? Yes / no

Email Address: \_\_\_\_\_@\_\_\_\_\_ Primary Language: \_\_\_\_\_

Anticipated/Requested Date of Care: \_\_\_\_\_

\_\_\_ Full Time: Days of the week \_\_\_M \_\_\_T \_\_\_W \_\_\_Th \_\_\_F (please check all that apply)  
Hours per day: \_\_\_am - \_\_\_pm

\_\_\_ Part Time: Days of the week \_\_\_M \_\_\_T \_\_\_W \_\_\_Th \_\_\_F (please check all that apply)  
Hours per day: \_\_\_am - \_\_\_pm

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

\_\_\_\_\_

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

\_\_\_\_\_

Is your child able to use the bathroom independently?

\_\_\_Yes \_\_\_No \_\_\_NA \_\_\_with some assistance

By completing this form you are adding your child to our current waiting list and will be contacted if/when a space in your child's age group becomes available.

Payment of registration fee and security deposit equal to 1 week tuition will secure the next available opening.

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For Office Use Only

Date Form Received: \_\_\_\_\_ Anticipated Classroom: \_\_\_\_\_

Registration Fee (\$25) pd? \_\_\_ Security Deposit (\$) pd? \_\_\_