



All My Children Learning Center, LTD.
 114-B Allentown Road - Souderton, PA
 (215) 721-1412

All My Children Learning Center, LTD.
 510 North 5th Street - Perkasie, PA
 (215) 257-9240

Please complete this registration form in it's entirety and return to school director.

Name of Child: _____ Birth Date (Due Date): _____

Address: _____

Mother's Name / Legal Guardian: _____

Mother's Address: _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

Mother's Employer: _____ Phone #: _____

Employer Address: _____

Father's Name / Legal Guardian: _____

Father's Address: _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

Father's Employer: _____ Phone #: _____

Employer Address: _____

Name and Birth Dates of Siblings: _____

Are you the (check one): Biological Parent Adoptive Parent Legal Guardian

Unusual Factor in Child's Life (check one): None Court Order Affecting Child

Absence of Mother/Father Other: _____

Previous Nursery School or Child Care Attended: _____

How did you hear about our center: _____

May pictures and/or video's of child be taken? _____

Comments: _____

By completing this application I understand that a \$60.00 (one child) or \$85.00 (family) non-refundable fee is due with each registration. Payments are based on a weekly rate and due Thursday for the following week of care. This child care center reserves the right to dismiss any student who does not respect or cooperate in our program. In signing this form, you, the parent, agree to abide by all policies and rules set forth in the Parent Handbook.

 Parent / Guardian Signature

 Date

Check contract hours:

- Under 10 hours
- Over 10 hours
- Exactly 10 hours

Please note that any schedule in excess of ten hours daily will be charged over & above weekly tuition.

Lateness: after 6:00 PM, you will be charged at the rate of \$1.00 per minute.

Please check desired center:

- Souderton
- Perkasie
- Either

Desired beginning

OFFICE USE ONLY

Date of application: _____

Registration Fee Paid: _____

Age Group: _____

Acceptance Call: _____

Starting Date: _____

Center: _____

Tuition Deposit Due: _____

Escrow Received: _____

Enrollment Pkg. Read: _____

Folders & Tags Made: _____

Times Confirmed: _____

Moving Dates:

To _____ From _____

To _____ From _____

To _____ From _____

To _____ From _____

Withdraw Date: _____

Reason: _____