



**To Learn - To Grow - To Become**

7300 New Falls Rd. | Levittown, PA 19055 | (215) 945-3131

**Registration Form**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex: \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Work \_\_\_\_\_ Phone \_\_\_\_\_

Father's Work \_\_\_\_\_ Phone \_\_\_\_\_

Enrolling for 2 day am \_\_\_ pm \_\_\_ 3 day am \_\_\_ pm \_\_\_ All day \_\_\_

Preschool \_\_\_ PreK \_\_\_ Kindergarten \_\_\_