



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

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

Name of Child: _____ Birth Date (Due Date): _____ Address: _____	Lateness: after 6:00 PM, you will be charged at the rate of \$1.00 per minute.	
Mother's Name / Legal Guardian: _____ Mother's Address: _____ Home Phone #: _____ Cell Phone #: _____ Email: _____ Mother's Employer: _____ Phone #: _____ Employer Address: _____		Desired beginning date: _____
Father's Name / Legal Guardian: _____ Father's Address: _____ Home Phone #: _____ Cell Phone #: _____ Email: _____ Father's Employer: _____ Phone #: _____ Employer Address: _____		OFFICE USE ONLY Date of application: _____ Registration Fee Paid: _____ Escrow Received: _____ Escrowed Received Date: _____ Age Group: _____ Acceptance Call: _____ Starting Date: _____ Center: _____ Tuition Deposit Due: _____ Enrollment Pkg. Read: _____ Folders & Tags Made: _____ Times Confirmed: _____ Moving Dates: To _____ From _____ To _____ From _____ To _____ From _____ Withdraw Date: _____ Reason: _____ _____
Name and Birth Dates of Siblings: _____ Are you the (check one): <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Legal Guardian Unusual Factor in Child's Life (check one): <input type="checkbox"/> None <input type="checkbox"/> Court Order Affecting Child <input type="checkbox"/> Absence of Mother/Father <input type="checkbox"/> 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? _____ Are there any special medical, physical, or emotional needs your child has that the school or staff should be aware of? (ex: IEP, IFSP) _____ _____		
<p>By completing this application I understand that a \$95.00 (one child) or \$125.00 (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.</p>		
Parent / Guardian Signature _____	Date _____	