

Date _____

Little Friends School Elmhurst

Reg. Fee _____

Phone: 718.458.5415 Fax: 718.458.0608

Tuition Fee _____

85-03 Britton Avenue - Elmhurst - NY - 11373

elmhurstdaycare.com

littlefriendsschool@nyc.rr.com

School Registration Form



Child's Name: _____

Male / Female

Date of Birth: _____

Age: _____

Child's Home Address: _____

Home Phone Number: _____ Primary Language: _____

Mother's Cell Phone Number _____

Father's Cell Phone Number _____

Program Desired:

Preschool Program

School Aged Program

Summer Only (Please Circle)

Hours Desired _____ Days Desired _____

Anticipated start Date _____

Meal Plan _____ Breakfast _____ Lunch _____ Snack _____

Mother's Name: _____ Work Number _____

Email _____

Father's Name: _____ Work Number: _____

Email _____

In Case of an Emergency:

Name: _____ Relationship _____ Phone Number _____

Name: _____ Relationship _____ Phone Number _____

Who is allowed to Pick Up your child in the event you are unable?

Name: _____ Relationship _____ Phone Number _____

Name: _____ Relationship _____ Phone Number _____

1. Tuition is due by the 5th of each month.
2. The school has the right to request that your child be removed from the school's enrollment for any reason at any time during the school year.
3. In the event that you cancel your child's registration tuition and registration fees are forfeited.
4. There are absolutely no makeup days for any reason.
5. In case of accident or serious illness, parent will be contacted. If parent cannot be reached by phone, parent authorizes school to call physician. If it is impossible to reach physician, school make whatever arrangements necessary in order to administer treatment to child.
6. Payment in full is required for designated days and hours regardless of vacation, illness, holidays etc.

Parent/Guardian's Signature

Date