

Date _____
Reg. Fee _____
Tuition Fee _____

Little Friends School Elmhurst
Phone: 718.458.5415 Fax: 718.458.0608
85-03 Britton Avenue -
Elmhurst - New York - 11373
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: _____
Parent's Cell Phone Number _____
Parent'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

Parent's Name: _____ Work Number _____
Email _____

Parent's Name: _____ Work Number: _____
Email _____

In Case of an Emergency: (Other than parents)

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 is 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