



Helen King Reynolds Private School

868 East Broadway
Stratford, CT 06615
203-375-1687

www.helenkingreynolds.com

Lynne Goetz - Director

Registration Form

Child's Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____
(street address)

(city, state, zip)

Parent's Name: _____ Parent's Work Phone: _____

Parent's Cell Phone: _____

Parent's Name: _____ Parent's Work Phone: _____

Parent's Cell Phone: _____

Siblings Names & Dates of Birth: _____

Program Selection

Tuesday / Thursday Program

Eligibility: Child must be 3 years of age before October 1st of the year of entry.

2-Day Morning Session

2-Day Afternoon Session

Monday / Wednesday / Friday Program

Eligibility: Child must be 4 years of age before October 1st of the year of entry.

3-Day Morning Session

3-Day Afternoon Session

A registration fee of \$85 must accompany this form.
This fee is non-refundable and not applied to tuition.

Signature: _____ Date: _____
(parent / guardian)

(By signing above I confirm receipt of HKR's Discipline Policies, which I have discussed with staff.)

Office Use Only

Registration Received: _____ Registration Acknowledged: _____

Fee Amount Paid: _____ Check #: _____

Year: _____ Session: _____ Enrollment Date: _____ Wait List: _____

Additional
Comments: _____