



ENROLLMENT
Application/Agreement
2017-2018

25 E. Church St.
Sellersville PA.
215-257-7344

Child's Full Name: _____ Child's Birthdate _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Mother's Name: _____ Mom Cell : _____

Father's Name: _____ Dad Cell: _____

Mom Work Phone: _____ Dad Work Phone: _____ Email _____

PRE-SCHOOL

FULL DAY PROGRAM

9:00 am – 4:00 pm

5 FULL DAYS (9am-4pm)

3 FULL DAYS (Mon, Wed, Fri)

2 FULL DAYS (Tues, Thurs)

Extended Hours? 7:00am to 6:00pm **YES** **NO**

PRE-SCHOOL

HALF DAY PROGRAM

9:00 am – 12 pm OR 1:00 pm – 4:00 pm

5 HALF DAYS

AM PM

3 HALF DAYS (M,W,F)

AM PM

2 HALF DAYS (T, TH)

AM PM

Extended Hours 7:00am-12noon OR 1pm-6pm **YES** **NO**

KINDERGARTEN 5 years by August 31st

5 FULL DAYS (9am-4pm)

5 HALF DAYS AM

5 HALF DAYS PM

5 HALF DAYS AM

Extended Hours? (see below) **YES** **NO**

7:00am to 6:00pm

KINDERGARTEN ENRICHMENT

9-12 1-4

5 HALF DAYS

AM PM

3 HALF DAYS (M,W,F)

AM PM

2 HALF DAYS (T, TH)

AM PM

Extended Hours? (see below) **YES** **NO**

7:00am to 6:00pm

Transportation to Public School _____ What School _____

Approximate time of child's arrival _____ **time of departure** _____

It is hereby agreed that tuition in the amount of \$ _____ shall be paid by the 1st of each previous month for the school and childcare services schedule indicated above, pursuant to specifications given in the Tuition Schedule.

Accepted by parent/guardian _____ **Date** _____ **Director Initial** _____

Enclosed is my \$55.00 non-refundable application fee.