



**ENROLLMENT
Application/Agreement
2023-2024**

**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: _____

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 5:30pm **YES** **NO**

PRE-SCHOOL

HALF DAY PROGRAM

9:00 am – 12:00 pm

5 HALF DAYS

3 HALF DAYS (Mon, Wed, Fri)

2 HALF DAYS (Tues. Thurs)

Extended Hours 7:00am-12noon **YES** **NO**

KINDERGARTEN ENRICHMENT

5 years by August 31st

9-12pm 1-4pm

5 HALF DAYS AM PM

3 HALF DAYS (Mon, Wed, Fri) AM PM

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

7:00am to 5:30pm

Transportation to Public School _____ **What School** _____

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

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 \$75.00 non-refundable application fee.