



ENROLLMENT Application/Agreement 2024-2025

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

SCHOOL HOURS:
Full Day 9am-4pm
Extended Hours 7am-5pm

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 (9 AM-4 PM)
- 3 FULL DAYS (Mon, Wed, Fri)
- 2 FULL DAYS (Tues, Thurs)
- Extended Hours? 7:00 AM to 5:00 PM 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? 7:00 AM to 12:00 PM YES NO

KINDERGARTEN ENRICHMENT (5 YEARS BY AUGUST 31ST)

- | | | |
|--|------------------------------|-----------------------------|
| | 9-12 | 1-4 |
| <input type="checkbox"/> 5 HALF DAYS | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> 3 HALF DAYS (Mon, Wed, Fri) | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Extended Hours? 7:00 AM to 5:00 PM | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Transportation to Public School? YES NO 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