



ENROLLMENT Application/Agreement 2010-2011

1565 Sleepy Hollow Rd.
Spinnerstown, PA.
215-529-9009

Child's Full Name: _____ Nickname: _____
Child's Birthdate: _____ Home Phone: _____
Mother's Name: _____ Mom Cell : _____
Father's Name: _____ Dad Cell: _____
Mom Work Phone: _____ Dad Work Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____

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 (9am-12noon)
- 5 HALF DAYS PM (1pm-4pm)
- 5 HALF DAYS AM (9am-12noon)

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

7:00am to 6:00pm OR 7:00am-12noon OR 1pm-6pm

KINDERGARTEN ENRICHMENT

- 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 OR 7:00am-12noon OR 1pm-6pm

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

It is hereby agreed that tuition in the amount of \$ _____ shall be paid by the 15th 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** _____

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