



ENROLLMENT
Application/Agreement
2011-2012

Box 141 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 1st of each 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.