



**ENROLLMENT
Application/Agreement
2010-2011**

**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: _____

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

- | | | |
|--|-----------------------------|-----------------------------|
| | <u>9-12</u> | <u>1-4</u> |
| <input type="checkbox"/> 5 HALF DAYS | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> 3 HALF DAYS (M,W,F) | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> 2 HALF DAYS (T, TH) | <input type="checkbox"/> AM | <input type="checkbox"/> PM |

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

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

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 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** _____ **Director Initial** _____

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