



Administrative Offices
 200 Camp Hill Road
 Fort Washington, PA 19034
 215-643-4142 FAX 215-540-8181
 www.playandlearn.com

APPLICATION

(PLEASE PRINT ALL INFORMATION)

Child's Name _____ Date of Birth _____ M/F _____

Street Address _____

City _____ State _____ Zip _____

Desired Enrollment Date _____

Administrative Use:
 LEVEL: _____ ENTRANCE DATE: _____
 GROUP: _____

I apply for admission of my child to the Play & Learn in:

- () Ardmore () Blue Bell () Bryn Mawr () Collegeville () Fort Washington
 () Hatboro () Lansdale () Norristown () Royersford

_____ **If entrance date is 60 days or less:** Enclose a \$65.00 (non-refundable) registration fee along with 4 weeks tuition. (2 weeks non-refundable if child does not enter the program).

_____ **If entrance date is 61 days or more:** Enclose a \$65.00 (non-refundable) registration fee, and an \$85.00 (non-refundable) tuition deposit. In addition I will be responsible for one month of tuition 60 days prior to entrance (2 weeks non-refundable if my child does not enter the program).

- I understand I am fully responsible for the payment for all child care fees. I will be paying tuition by (Please check one):

- _____ Tuition Express automatic withdraw by credit card or bank account
 _____ Tuition Express (Point of Sale) online
 _____ Check

(See Parent Handbook for additional billing information)

SCHEDULE

	From	To	Special Arrangements
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

PARENT/GUARDIAN INFORMATION

Parent/Guardian

Parent/Guardian

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

HOME TELEPHONE _____

HOME TELEPHONE _____

CELL PHONE _____

CELL PHONE _____

E-MAIL _____

E-MAIL _____

OCCUPATION _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER _____

ADDRESS _____

ADDRESS _____

WORK TELEPHONE _____

WORK TELEPHONE _____

___ MARRIED ___ SINGLE ___ SEPARATED ___ DIVORCED

___ MARRIED ___ SINGLE ___ SEPARATED ___ DIVORCED

SIBLINGS

NAME

M/F

AGE

SCHOOL

NAME

M/F

AGE

SCHOOL

SCHOLARSHIP



Play & Learn's **Granny Fund** provides tuition assistance for families facing financial difficulties. Please consider contributing to the fund by adding a donation to your monthly bill.

Yes! I wish to contribute ___\$2, ___\$5, ___\$10 or \$_____ and assist families in need.

CHILD CARE WORKS SUBSIDIZED CHILD CARE PROGRAM (CCIS)

I am currently on CCIS I am on the CCIS waitlist I would like more information about CCIS

REFERRAL

If you were referred to Play & Learn by a current family, please indicate the family below and the center they attend. We'd like to show them our appreciation!

REFERRING FAMILY: _____ CENTER: _____

FREE GIFT

Your child will receive a Youth T-Shirt or Infant Onesie upon enrollment. Please indicate the item and size below:

Play & Learn Youth T-Shirt—**CIRCLE SIZE:** 2/4 6/8 10/12 **OR**

Infant Play & Learn Onesie—**CIRCLE SIZE:** 6m 12m

ADDITIONAL INFORMATION

Did your child previously attend a child care center? _____ Yes _____ No

If you answered Yes, what child care center did your child attend? _____

Does your child have an IEP/IFSP? _____ Yes _____ No

* If yes, please provide the documentation to your Center Director.

In which school district do you reside? _____

PARENT SIGNATURE _____

DATE _____



Please submit your completed application with deposit to:

Play & Learn Administrative Office
200 Camphill Road
Fort Washington, PA 19034
Attention: Enrollment Coordinator