



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

SIBLING 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:

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

_____ **If entrance date is 60 days or less:** Enclose a \$100.00 (non-refundable) tuition deposit 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 \$100.00 (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: _____

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/IEFSP? ___ Yes ___ No

* If yes, it is strongly recommended that you share your child's IEP/IFSP to better meet the needs of your child.

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