



MONTESSORI CHILDREN'S HOUSE

# Community Partnership Discount Application

**Please complete the application and return with proof of employment.**

Administrative Offices  
200 Camphill Road · Fort Washington, PA 19034  
www.playandlearn.com · www.mch2learn.org  
215-643-4142 · 215-641-1761

Child's Name	Date of Birth	Start Date	
Address	City	State	Zip
Home Phone			

**Please check the center where your child attends:**

**PLAY & LEARN**

- |                                    |   |   |                                     |
|------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Abington  | <input type="checkbox"/> Blue Bell            | <input type="checkbox"/> Fort Washington (PS) | <input type="checkbox"/> Norristown |
| <input type="checkbox"/> Ardmore   | <input type="checkbox"/> Collegeville         | <input type="checkbox"/> Hatboro              | <input type="checkbox"/> Royersford |
| <input type="checkbox"/> Bryn Mawr | <input type="checkbox"/> Fort Washington (IT) | <input type="checkbox"/> Lansdale             |                                     |

**MONTESSORI CHILDREN'S HOUSE (Only discounts with an (\*) apply)**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Blue Bell | <input type="checkbox"/> Warminster |
|------------------------------------|-------------------------------------|

**Please check your employer:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Abington Jefferson Health    | <input type="checkbox"/> Maternity Care Coalition   | <input type="checkbox"/> SEI                                  |
| <input type="checkbox"/> Fairwold Academy             | <input type="checkbox"/> Montgomery County Employee | <input type="checkbox"/> SofterWare Inc.                      |
| <input type="checkbox"/> First Responder              | <input type="checkbox"/> Montgomery County Human    | <input type="checkbox"/> Thomas Jefferson University Hospital |
| <input type="checkbox"/> Jefferson University College | <input type="checkbox"/> Services Center Occupant   | <input type="checkbox"/> US Military Active Duty*             |
| <input type="checkbox"/> of Nursing Student           | <input type="checkbox"/> Parkhouse                  | <input type="checkbox"/> US Military Veteran*                 |
| <input type="checkbox"/> Johnson & Johnson            | <input type="checkbox"/> Prudential                 | <input type="checkbox"/> CMI Media                            |

Employee Name	Relationship to Child	Social Security Number
Employer Address	Work Phone Number	Employer ID (Required)
Human Resource Contact	Phone Number	Email Address

I understand that in order to receive the Community Partnership Discount at Play & Learn and Montessori Children's House, I must provide a completed Community Partnership Application with proof of employment. I understand that I am responsible for submitting a Community Partnership Employment Verification Form quarterly thereafter (3/1, 6/1, 9/1, 12/1) with proof of employment to my child's center/school accounting representative. I understand that the Community Partnership Discount will become effective when this application and proof of employment are received by my child's center/school accounting representative and verification is complete. I understand that any interruption in the discount due to lack of employment verification will not be re-credited. I further acknowledge that if my employment status changes, I must notify my child's center/school accounting representative and that I will be responsible for payment of full tuition fees commencing with the date of employment termination.

**PROOF OF EMPLOYMENT SHOULD BE A CURRENT PAY STUB FROM YOUR EMPLOYER (WITH SALARY INFORMATION BLACKED-OUT.)**

Active United States Military families are required to provide an active military ID with application and quarterly thereafter to receive the discount. United States Military Veteran families are required to provide a DD-214 form once upon application to receive the discount.

Parent Name (please print)	Parent Signature	Date
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