



# Play & Learn

est. 1981

Administrative Offices

200 Camp Hill Road

Fort Washington, PA 19034

215-643-4142 \* 610-489-9598

## BEFORE AND AFTER KINDERGARTEN APPLICATION

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

Does your child currently attend Play & Learn (circle one): Yes No

What Elementary School does your child attend: \_\_\_\_\_

GROUP - \_\_\_\_\_

ENTRANCE DATE - \_\_\_\_\_

Please check which B/A location you wish to attend:

\_\_\_\_ Collegeville      \_\_\_\_ Norristown

\_\_\_\_ Hatboro      \_\_\_\_ Lansdale

### SCHEDULE

MONDAY \_\_\_\_\_ TO \_\_\_\_\_

TUESDAY \_\_\_\_\_ TO \_\_\_\_\_

WEDNESDAY \_\_\_\_\_ TO \_\_\_\_\_

THURSDAY \_\_\_\_\_ TO \_\_\_\_\_

FRIDAY \_\_\_\_\_ TO \_\_\_\_\_

SPECIAL ARRANGEMENTS- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

I apply for admission of my child to Play and Learn. I have enclosed a **\$65** registration fee and a **\$100** deposit which will be applied to the first month of tuition. **(Total \$165, non refundable)**. I understand that I am fully responsible for the payment of all fees. **Currently enrolled families need to pay the \$100.00 non-refundable deposit only.**

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_