



# SIBLING APPLICATION

(PLEASE PRINT ALL INFORMATION)

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

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

**Administrative Use:**  
 LEVEL: \_\_\_\_\_ ENTRANCE DATE: \_\_\_\_\_  
 GROUP: \_\_\_\_\_  
 Date Agreement Sent \_\_\_\_\_ Sent By \_\_\_\_\_ (initials)  
 Date Agreement Signed \_\_\_\_\_ Signed By \_\_\_\_\_ (initials)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Desired Enrollment Date \_\_\_\_\_

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