TREVOSE DAY SCHOOL IS PROUD TO BE AN EQUAL OPPORTUNITY CARE PROVIDER AND EQUAL OPPORTUNITY EMPLOYER

DATE

| AGREEMENT | | CHILD'S NAME: | | | | | | | |
|---|--|---|---|---|---|--|--|--|--|
| Please check appropri | ate program | | | | | | | | |
| | ☐ 5 FULL DAYS ☐ 5 HALF DAYS* ☐ 3 FULL DAYS ☐ 3 HALF DAYS* | П П | □W | OTH OTH | | | | | |
| *Half Day Lunch Option Full Day KINDERGARTEN | 8:45AM - 11:45AM 11:45AM - 1:00PM (Additional \$15 a day) 8:45AM - 3:15PM | | | | | | | | |
| ELEMENTARY | □ 5 FULL DAYS | | | | | | | | |
| | ☐ 5 FULL DAYS: GRADES | □1 | □2 | □3 | | | | | |
| BOOKS / SUPPLIES | Pre-K K - 3 | | | | | | | | |
| EXTENDED HOURS P | ROGRAM - AVAILABLE FROM 7AN | Л UNTIL (| 6PM | | | | | | |
| | ☐ MORNING EXTENDED HOURS ONLY ☐ LITTLE EINSTEINS (3:15 - 4:15PM) ☐ AFTERNOON SNACK AND ADVENTURES (4:15 - 5:15PM ☐ DISCOVERY TIME (5:15 - 6PM) | | | | | | | | |
| Extended hours are available at \$20 per hour if you do not select a plan First hour is not prorated After the first hour, time will be prorated by the half hour Arrivals after 6:00pm will be charged \$30 for the first 15 minutes and one dollar for every minute thereafter. | | | | | | | | | |
| REGISTRATIO | ON | | | | | | | | |
| | e, book/supply fee along with the fee is non-refundable. Please ma | | | | | | | | |
| TUITION | | | | | | | | | |
| Tuition is an annual no or by remote means). The Installment Plan is the beginning of school September 1 and the I | Fuition may be paid in full at the tim offered solely for the convenience of. Each subsequent installment pa | ne of app of paren syment is A \$75 late | lication, or, ts/guardia due on the charge w | alternatively, in ns. Your first pay first of each mo Il be assessed for | ompletes the school year (whether in-person 10 equal installments (the "Installment Plan"). ment is due with your application before onth, with the second payment being due on or late payments or for returned checks. If a eeck or cash. | | | | |
| - | e made to the tuition for any reaso chool is mandated to operate on a | | | 0 , | d due to weather, illness, vacations or shortened safety or health reasons. | | | | |
| WITHDRAWA | L | | | | | | | | |
| day of school. Any par | | e the end | of the sch | | in writing at least two (2) months prior to the first entitled to a tuition refund and, if paying under the | | | | |
| Must be included with | registration: | | | | | | | | |
| | ☐ First Tuition Installment | | ☐ Supply | Fee | ☐ \$150 Registration Fee | | | | |
| CHILD'S NAME | | | | | | | | | |

PARENT/GUARDIAN SIGNATURE

TREVOSE DAY SCHOOL IS PROUD TO BE AN EQUAL OPPORTUNITY CARE PROVIDER AND EQUAL OPPORTUNITY EMPLOYER

TREVOSE DAY SCHOOL AGREEMENT CHILD'S NAME: _____ Services to be provided as part of the tuition: education and care Child's arrival time: _____ Child's departure time: ___ Person(s) designated by parent to whom child may be released: I, the parent/guardian; □ received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121) □ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124) SIGNATURE-PARENT OR GUARDIAN DATE SIGNATURE-DIRECTOR DATE DATE OF CHILD'S ADMISSION DATE OF WITHDRAWAL PERIODIC REVIEW DATE SIGNATURE-PARENT OR GARDIAN (to be signed 6 months after enrollment)

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| APPLICATION | I FOR ADM | ISSION page 1 | | Today's Date: | | |
|----------------------|---------------------------------------|---------------------|----------------|------------------|--|--|
| | | | | | | |
| Student's Full Name | FIRST | LAST | | CHILD GOES BY | | |
| Student's Address | STREET | | | HOME PHONE | | |
| | | | | | | |
| | CITY | | STATE | ZIP CODE | | |
| | GENDER | | | BIRTH DATE | | |
| Parent/Guardian 1 | | LAGT | | E MAII | | |
| | FIRST | LAST | | E-MAIL | | |
| | OCCUPATION | BUSINESS PHONE | | OTHER CELL/PAGER | | |
| Parent/Guardian 2 | FIRST | LAST | | E-MAIL | | |
| | OCCUPATION | BUSINESS PHONE | | OTHER CELL/PAGER | | |
| Parental Status | ☐ Married ☐ | Separated ☐ Divorce | ced ☐ Single ☐ | Widowed □ Other | | |
| | If separated or divorced (since when) | | | | | |
| | oopalatoa oi a | | | | | |
| Siblings | NAME | AGE | GRADE | SCHOOL | | |
| | NAME | AGE | GRADE | SCHOOL | | |
| | NAME | AGE | GRADE | SCHOOL | | |
| Other nersons in hem | | | | | | |
| Other persons in hom | 10 | | | | | |
| | NAME | | AGE | RELATIONSHIP | | |
| | NAME | | AGE | RELATIONSHIP | | |
| | NAME | | AGE | RELATIONSHIP | | |
| Emergency Contact | | | | | | |
| | | | | | | |
| | NAME | | RELATIONSHIP | | | |
| | ADDRESS | | | | | |
| | HOME PHONE | | BUSINESS PHONE | OTHER CELL/PAGER | | |

APPLICATION FOR ADMISSION PAGE 2 TODAY'S DATE: _____ School(s) previously attended SCHOOL NAME PHONE NUMBER SCHOOL NAME PHONE NUMBER Is a second language spoken at home? ☐ Yes ☐ No If yes, which language ____ Extended day application (7am – 9am/3:30pm – 6pm) My child will arrive at school by _____ My child will depart from school by _____ Transportation □ District Bus School District Name ___ ☐ Self In the space below please supply any additional comments you feel would help us in understanding your child.