BEFORE AND AFTER CARE APPLICATION

7226 Castor Ave
Philadelphia, PA 1949
215-437-7900

CHILD'S NAME **BIRTHDATE**

ADDRESS

CITY **STATE** **ZIP**

HOME PHONE _____

Does your child currently attend TLL (circle one): ☐ Yes ☐ No

What School does your child attend:

_____

CLASS -_____ **ENROLLMENT DATE-**_____

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 **$**75 registration fee and first week of tuition. **(non refundable).** I understand that I am fully responsible for the payment of all fees. **Currently enrolled families need to pay the $75.00 non-refundable registration fee.**

PARENT SIGNATURE_____ **DATE**_____