



SWARTHMORE FRIENDS NURSERY SCHOOL Kindergarten Enrichment APPLICATION 2017-18

Child's name: _____

Gender F M

Nickname, if used: _____

Birth date: _____

Address:

_____ telephone: _____

_____ email: _____

Home School: SRS WES NPE OTHER

Program Desired:

- Morning Kindergarten Enrichment (5 days; 9am- Kindergarten Bus Pick-up) \$4,100/year
- Afternoon Kindergarten Enrichment (5 days; Bus Drop-off until 2:30pm) \$4,100/year
- 3 days per week Kindergarten Enrichment (Same hours as above) \$2,950/year

AM M/W/Fr

AM T/W/Th

PM M/W/Fr

PM T/W/Th

- 4 days per week Kindergarten Enrichment (Same hours as above) \$3,590/year

Please circle days your child will attend (must include Wednesday):

M T W Th Fr AM or PM

- Early Bird Drop Off (8:30am).

Please inquire with the Director to make arrangements, space is limited.

\$50 non-refundable registration fee is due with application. First payment (1 of 10) is due by May 1st to hold your spot for September (remainder of tuition is paid monthly throughout the school year). Make checks payable to Swarthmore Friends Nursery School. We offer a 5% multi-child discount. A 5% paid in full discount is also available if the annual tuition is paid in full by Parent Night in September 2017. Monthly bills will not be sent: (a tuition booklet will be provided in September). Since the budget of the school has been established on the basis of a full year's enrollment, it is to be understood that the parents' financial commitment is for the entire school year and that the tuition fees are not refundable except upon approval of the Board. Financial aid is available on the basis of need. Contact the Director for more information. Swarthmore Friends Nursery School does not discriminate on the basis of race, religion, or nationality.

Parent Signature: _____

(please turn over)

Child's name: _____

Family Information:

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Others in household (please list names, relationship, any SFNS alumni)

Please list any special need your child may have (allergies, special educational needs, fears...)

Emergency Contacts:

Parent's daytime phone numbers (include cell phones as appropriate)

Father _____ **Mother** _____

Family member, Friend, and/or Daycare provider:

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Family Doctor _____ Phone _____