



**Pennridge Christian Academy**  
**Kindergarten Enrollment Application**

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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

PHONE at WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

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

PHONE at WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

SIBLINGS: NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

**SCHEDULE REQUESTED**

Kindergarten instruction is from 8:30am to 3:00pm. Extended care is available from 7:15am to 5:15pm. Tuition of \$205.00 per week includes up to 10 hour per day. Extended care over 10 hours will incur a charge of \$5.00 per hour.

Estimated Drop Off Time: \_\_\_\_\_

Estimated Pick Up Time: \_\_\_\_\_

I would like my child to begin: \_\_\_\_\_

Are you eligible for Child Care Subsidy? Yes or NO

If yes, Case Worker: \_\_\_\_\_ Case Number: \_\_\_\_\_

Please return this completed application along with the non-refundable **\$60.00** Registration Fee for workbooks and other school supplies. Checks should be made out to **Pennridge Christian Academy**. At the time Enrollment is offered, you will be asked to sign a Contract for Services/Fee Agreement detailing your child's enrollment, tuition, and security deposit information. Your child's enrollment in the program will not be confirmed until the Fee Agreement is signed and all deposits are paid.

OFFICE USE ONLY:

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

ENROLLMENT:

Classroom: \_\_\_\_\_

Teacher: \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_ Check # \_\_\_\_\_

Last Week Escrow Paid: \_\_\_\_\_ Check # \_\_\_\_\_