



Pennridge Christian Academy Kindergarten Enrollment Application

CHILD'S NAME: _____ SEX: M / F 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: _____ SEX: M / F AGE: _____

NAME: _____ SEX: M / F AGE: _____

SCHEDULE REQUESTED

Kindergarten instruction is from 8:30 am to 3:30 pm and children **MUST** be present by this time. Extended care is available from 7:15am to 5:15pm. Tuition of \$217.00 per week. Extended care outside of Kindergarten hours will incur a charge of \$15.00 per week.

Estimated Drop Off Time: _____

Estimated Pick Up Time: _____

I would like my child to begin: August 26, 2024 (soonest available start date for the upcoming school year)

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 **\$75.00** 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: Kindergarten

Teacher: Tammy Beck

Registration Fee Paid: _____ Check # _____

Last Week Escrow Paid: _____ Check # _____