Swarthmore	e Presbyte	erian Nurs	ery Day Sc	hool		
Min	-	FORM 2				
Regular Nursery Day School: Morning (9:	00 – 11:45) (all classes 5 da	ys only)			
Extended Day Program (Lunch Bunch):	(11:45 – 2:45)	M T W T	H F <u>(at least t</u>	wo days)		
Kindergarten Complement Program: (choose one) Spaces are limited in the compl	ement program			PM by lottery if necessary.		
Early Bird (early drop off) 8:30 a.m. and / or Please inquire with director about				er week) yes, I'm interested		
Child's Name:			used in class)	()Male ()Female		
Address:		`				
Child's Birth Date	nild's Birth Date Primary Phone #					
Parent's Name:	Parent's Name:			Cell #		
Address:	Address: Occupation:					
Email:						
Parent's Name:		Cell	#			
Address:						
Email:						
Has your child have group/school experience? If so, wh	ere?					
Names and ages of other children in the family:						
Other children (cont'd)						
Special considerations: Has your child had El of any kir				describe on the back >		
Does your child have an IEP? () yes () no			If yes, please describe on the back >			
Does your child have any allergies or physical limitation	pes your child have any allergies or physical limitations? () yes () no If yes, please describe on the back >					
201	7 – 2018 FE	E SCHEDUI	ES			
NURSERY DAY SCHOOL		DED DAY PI		KINDERGARTEN		
Application Fee \$ 50	# days	Additional tuiti Year	10 months	Application fee \$50		
(due with application)	5	\$3750	\$375	(due with application)		
Tuition \$4200	4	\$3550 \$2250	\$355 \$225	Tuition \$4350		
(includes insurance)	3 2	\$3250 \$3000	\$325 \$300	(includes insurance)		

<u>No bills will be sent</u>: (a fee schedule for you to keep with your financial records is available for you in August). CHECKS are made payable to SPNDS. <u>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</u> <u>commitment is for the entire school year and that the tuition fees are not refundable except upon approval of the Board.</u> SCHOLARSHIPS covering partial tuition are available--INQUIRIES MAY BE MADE TO THE DIRECTOR.

Registration Fee: \$50 (non-refundable). Please make check payable to SPNDS and return with the application.

Parents' signatures _____

Mail to: SPNDS 727 Harvard Ave. S	Swarthmore PA 19081		
Phone: 610-543-2861	Email: <u>spnds@swart</u>	hmorepres.org	Website: www.swarthmorepres.org
For Office Use: Reg. Fee	KC/PS	HF	LB