



Application for Admission 2025-2026

For Office Use Only

Date Received: _____

Time: _____

Deposit: _____

Applicant's Last Name _____ **Applicant's First Name** _____

Our Applicant is: currently enrolled at SPNDS.
 part of an Alumni Family.
 New!

I/We are applying for the following program(s) for our child:

| PreK and Kindergarten Complement Programs | |
|--|--|
| Play Pals (2-year-olds; 2 hours M-F/five mornings per week) | |
| Nursery Day School (Pre-K students ages 3-5-years-old; M-F/five days per week) | |
| MORNING Kindergarten Complement (M-F/five days per week) | |
| AFTERNOON Kindergarten Complement (M-F/five days per week) | |

Please indicate on which days you'd like to enroll your child in our EXTENDED DAY PROGRAMS, if applicable. Minimum of two days per week is required.

| Extended Day Programs (Add-Ons, Optional) | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--------|---------|-----------|----------|--------|
| Early Birds , 8:15-9 a.m. (AM K and Nursery Day School Students only) | | | | | |
| Lunch Bunch (Nursery Day School students only) | | | | | |
| Stay & Play (Lunch Bunchers and PM K only) | | | | | |

Applicant Information

Birthdate (MM/DD/YYYY) _____ Age on September 1, 2025 _____

Nickname _____ Gender _____

Address _____

Language(s) Spoken _____ Elementary School (K only) _____

Current school/ previous experience in a school setting: _____

Has your child had Early Intervention services of any kind? Yes / No

Does your child have an IEP? Yes / No

Does your child have any allergies or physical limitations? Yes / No

If you answered "yes" to any of the above questions, please elaborate.

Family Information

| | |
|--|--|
| Parent/Guardian 1 First & Last Names _____ Address _____ _____ Email _____ Cell Phone _____ Home Phone _____ Occupation _____ Employer _____ | Parent/Guardian 2 First & Last Names _____ Address _____ _____ Email _____ Cell Phone _____ Home Phone _____ Occupation _____ Employer _____ |
|--|--|

2025-2026 Tuition Schedule and Application Fee

Please note that our annual budget is based on full-year enrollment. Each student's financial commitment is for the entire school year, and tuition is non-refundable except upon approval by the SPNDS Advisory Committee. Families may choose to pay the full-year tuition at once or in 10 installments.

| PLAY PALS | | NURSERY DAY SCHOOL | | KINDERGARTEN COMPLEMENT | | LUNCH BUNCH | | | EARLY BIRD STAY & PLAY (EACH) | | |
|-----------|-----------------------|--------------------|-----------------------|-------------------------|-----------------------|-------------|-----------|-----------------------|-------------------------------|-----------|-----------------------|
| Full Year | 10-month payment plan | Full Year | 10-month payment plan | Full Year | 10-month payment plan | Days/week | Full Year | 10-month payment plan | Days/week | Full Year | 10-month payment plan |
| \$4,410 | \$441 | \$5,191 | \$519 | \$5,364 | \$536.40 | 5 | \$4,526 | \$453 | 5 | \$887 | \$89 |
| | | | | | | 4 | \$4,389 | \$439 | 4 | \$830 | \$83 |
| | | | | | | 3 | \$4,137 | \$414 | 3 | \$772 | \$77 |
| | | | | | | 2 | \$3,846 | \$385 | 2 | \$716 | \$72 |

- You may return your application to SPNDS in one of the following ways:
 - Current families may send the application into school in their child's folder
 - Place the application in the metal drop box at the main entrance of SPNDS between 8:00 a.m. and 3:30 p.m. (at the top of the steps near door). Park in the lot behind the building, using the lot entrance closest to Chester Rd.
 - Mail to SPNDS (must be postmarked on or after February 3, 2025, for new students.)
 - Send via email to kristin.dibona@swarthmorepres.org (see Admissions Policies and Procedures document for more information)
- A non-refundable **\$75.00 application fee per family** is due at the time of application submission. Please make your check out to **SPNDS**.
- **SCHOLARSHIPS** covering partial tuition are available; inquiries may be made to Deborah Hansen, Director, at deborah.hansen@swarthmorepres.org.

Parent/Guardian Signatures _____ | _____