Four Seasons Childcare & Preschool
433 Lyceum Avenue
Philadelphia, PA 19128
(215) 483-5688 Fax (215) 483-6250
FourSeasons-Front@outlook.com

Office Use Only
Date: _____ 50% PD: _____
Cash or Ck # _____ Dues PD: _____
Amount Paid: _____ Bal Due: _____
Summer Fees PD: _____

Name of Child: _____ Date of Birth: _____ M ☐ F ☐

Address: _____

City/State/Zip: _____

MOTHER'S INFORMATION (Parent ☐ Stepparent ☐ Guardian ☐)	FATHER'S INFORMATION (Parent ☐ Stepparent ☐ Guardian ☐)
Name:	Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Place of Employment:	Place of Employment:
Employer Address:	Employer Address:
Employer Phone:	Employer Phone:
Email:	Email:

Select Appropriate Age Groups ☐ **Pre-K** ☐ **Three Year Old** ☐ **Two Year Old** ☐ **One Year Old** ☐ **Infant**

Please select 10 or 12 month program: ☐ 10 Month ☐ 12 Month

Children must turn 4 (PreK), 3 (Three Year Old, **fully potty trained**), 2 (Two Year Old), 1 (One Year Old), Infants must be 12 weeks before **September 1st of the admission year** for the above class.

*****INFANTS MUST BE COMFORTABLE DRINKING FROM A BOTTLE AND SLEEP IN A CRIB/PACK-AND-PLAY*****

Please indicate your arrival and departure times for each day.
Only one pick up and one drop off time can be selected.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival Time:	Arrival Time:	Arrival Time:	Arrival Time:	Arrival Time:
Pick-Up Time:	Pick-Up Time:	Pick-Up Time:	Pick-Up Time:	Pick-Up Time:

Services are provided and admissions are made without regard to race, color, religious creed, ancestry, gender, disability or national origin.

I understand that if the schedule that I have chosen is full, I will be placed on a waiting list. I understand that Four Seasons Childcare & Preschool reserves the right to cancel any program with written notice to the parents involved. I understand that a current health assessment and emergency contact form must be on file when my child begins school and will be updated every six months while my child is enrolled.

Please initial the following:

_____ I understand that all changes must be submitted in writing within 30 days of completing my enrollment paperwork and that no changes will be granted after that date. I understand that all changes are subject to a $25 fee per child, per change.
_____ I understand that my deposit, enrollment fees and first tuition are non-refundable or will not be credited.
_____ I understand that any payments made ***after*** payment #1 (payments #2 through 10) may be refunded when my child's spot has been filled.
_____ I understand that there is only ONE PICK UP time and ONE DROP OFF time.

Parent Signature: _____ Date: _____