



APPLICATION FOR ENROLLMENT

NAME OF CHILD: _____ DOB: _____

PARENT'S NAME: _____ OCCUPATION: _____

PARENT'S NAME: _____ OCCUPATION: _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

BEST PHONE #: _____ E-MAIL _____

CELL# (if different): _____ DO YOU TEXT? _____

I have read, understand, and agree to the rules, program and conditions concerning Hillview Nursery School and request enrollment of my child. By initialing below, I confirm that my child is current with all vaccinations as required for admission. _____ (Initial) I also understand that my child must be potty trained in order to start school. _____ (Initial)

Morning Session ___ 5 days ___ 3 days (Mon.Tue.Thurs) ___ 2 days (Wed.Fri.)

Afternoon Session ___ 5 days ___ 4 days (Mon. through Thurs.)

A \$100.00 registration fee and a \$100.00 tuition deposit per child is submitted herewith. I understand that both these fees are non-refundable and non-transferable with no exceptions. By initialing, I fully understand this refund policy _____ (Initial)

Checks can be mailed to: Hillview Nursery School, PO Box 5, Broomall, PA 19008

PARENT'S SIGNATURE: _____ DATE: _____