

APPLICATION FOR ENROLLMENT OR WAITING LIST

CHILD'S NAME: (LAST) _____ (FIRST) _____ GENDER: M F

D.O.B./DUE DATE: _____ CLASS: _____ START DATE: _____

CHILD'S ADDRESS: _____
STREET CITY STATE ZIP

SCHEDULE: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Estimated Arrival Time (am)					
Estimated Departure Time (pm)					

PARENT/GUARDIAN NAME: _____ LAST 4 DIGITS S.S. #: _____

ADDRESS: _____ HOME PHONE: (____) ____ - ____
(IF DIFFERENT FROM ABOVE)

WORK PHONE: (____) ____ - ____

E-MAIL: _____ CELL PHONE: (____) ____ - ____

PARENT/GUARDIAN NAME: _____ LAST 4 DIGITS S.S. #: _____

ADDRESS: _____ HOME PHONE: (____) ____ - ____
(IF DIFFERENT FROM ABOVE)

WORK PHONE: (____) ____ - ____

E-MAIL: _____ CELL PHONE: (____) ____ - ____

A NONREFUNDABLE \$100.00 APPLICATION FEE IS ATTACHED FOR THE BELOW INDICATED OPTION:

ENROLLMENT:

My signature below indicates that I understand and accept the following:

In order for enrollment to begin on the School's "move-up" day in June, a signed Registration and Tuition Agreement plus an Advance (i.e. Deposit) equal to one-half month's tuition, will be due. Starting on December 1, the School will accept Advances and Agreement(s) in the order they are received until all available spaces have been filled. The Advance is refundable only up to February 1st of the year of the start date, or ninety days prior to the start date, whichever is earlier. Although the School will notify the undersigned of the enrollment period via the mailing and e-mail addresses indicated above, the School is not liable if said information is not received, as it is contained herein. For start dates other than the School's "move-up" day, the Registration and Tuition Agreement plus an Advance (i.e. Deposit) will be due at the time I am notified of space availability.

WAITING LIST:


My signature below indicates that I understand and accept the following:

Please place my child on the waiting list for the appropriate class. I understand that the above paragraph will be applicable when I am notified of space availability.

PARENT SIGNATURE: _____ DATE: _____

By signing this form, I acknowledge that I have read the School's Civil Rights Compliance statement on the reverse.



SUBJECT: Nondiscrimination in Services
TO: All Parents, Clients and Volunteers
FROM: Rory Mannion 

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, including limited English proficiency, age or sex.

Program services shall be made accessible to eligible persons with disabilities (e.g. hearing, speech, vision, mobility impairments) through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Bala Cynwyd School for Young Children will provide meaningful and equal access to the services and benefits of the School to all persons including those with limited English proficiency. Competent and free language assistance through staff and volunteer interpreters will be made available to any person needing such services.

Any individual/client who believes they have been discriminated against may file a complaint or discrimination with the school at the address below and/or:

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17110

PA Human Relations Commission
Philadelphia Regional Office
110 N. 8th Street
Suite 501
Philadelphia, PA 19107

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

U.S. Department of Health & Human Services
Office for Civil Rights
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19106-9111