

Toddler Admission Application

Twin Spring Farm Day School
1632 East Butler Pike
Ambler, PA 19002
215-646-2665
www.twinspringfarm.org
info@twinspringfarm.com

Pupil							
Applicant(Last Name)	(First Name)	(Mic	ddle Name)	(Nick Name)	(Date of Birth M D Y)		
Address							
(Street)			(Home Phone)	(Sex)			
(City)		(State)	(Zip)	SS#	(School District)		
Religious Affiliation -				Are Parents	Parent (Check if living)		
Names of other Schools attended					☐ Father		
Names of Teachers at last school -				Divorced	☐ Stepfather		
Names of Summer Camps attende	Names of Summer Camps attended						
Referred to Twin Spring Farm by		☐ Stepmother					
Do you want your Name, Address		ished in the c	lass list? (please check) \(\square\) Ye	s 🗆 No			
	MALE GUARDIAN			MOTHER OR FEMALE GUARDIAN			
(name)	(home phone	2)	(name)		(home phone)		
(cell Phone)	(email address)		(cell Phone)		(email address)		
(home address if different than above)			(home address if different than ab	pove			
(name of employer)	(1	work phone)	(name of employer)		(work phone)		
(nature of business)			(nature of business)				
(position held)	(7)	years with firm)	(position held)		(years with firm)		
			OREN IN FAMILY				
Name	Sex A	Age	School Attending	Cam	p Attending		
PATERNAL GRAND	DPARENTS OF APPLICANT	<u>r</u>	MATERNAL GRANDPARENTS OF APPLICANT				
(name)	(home phone	9)	(name)		(home phone)		
(name)	(none prone	•)	(name)		(nome phone)		
(address)			(address)				
ALLERGIES OR SPECIAL CONSID	ER ATIONS:						
IEEEROES OR STEERE COTOE	<u> </u>						
EMERGENCY CONTACT: (name, address and phone #)							
Has applicant any history of an unusual (☐ yes ☐ no) If "yes", please attach a information is confidential to this school	separate explanation. Withholding						
		(Please comp	plete reverse side)				
Office Hee Oaku, Name	Data		. и				
Office Use Only: Name	Date		Account #				
Deposit \$	Check #	Credit Card	Check #	# Date N	Vame		

Twin Spring Farm Toddler Center Enrollment Sessions TERMS OF ENROLMENT

Tuition is due in advance on each Friday for the next week. Any account not paid by Monday of each week will be charged a \$10.00 late fee.

An annual registration and escrow fee of \$250.00 is required with this application payable to Twin Spring Farm to reserve an applicant's place in the Toddler Center. \$50.00 of this fee is used for processing and \$200.00 is held in escrow. The annual fee is not refundable and is charged every September.

We give permission for **Twin Spring Farm** to publish or use for advertising any photograph, video, CD, VHS, DVD, TSF internet web site or like technology in which our child appears. Permission is granted that information about my child can be shared with TSF Staff.

There are no discounts, refunds or allowances made for absence or vacations. Contracted weekly fees are due including published holidays excluding the weeks of Christmas Break. The Center reserves the right to suspend, dismiss or demand the withdrawal of a child whose physical condition, conduct, influence or behavior, or parental influence is deemed unsatisfactory or detrimental to the best interests of the Center. The Center reserves the right to place each child in the class determined by the admission process.

A \$25.00 charge will be made for each check returned for non-sufficient funds. Following a second non-sufficient funds check, only a bank check or money order will be accepted for payment. TSF cannot be responsible for bank errors of any kind.

Tuition Fees are subject to change with a 30 day notice to parents.

Enrollments in the Toddler Center are by session. Parents may choose the session(s) and days per week they require. Changes in sessions and or days are allowed on a space available basis and tuition will be adjusted accordingly. Parents will be financially responsible for any reduction of enrollments selected unless a written notice is received in our office no less then 30 days prior to the change.

Please select from the following sessions by placing a check in the "Select" column, mark hours desired and initial.

Sessions	Center Closed	Select	Days (Circle all required)	Starting Date	Hours Desired	Parent Initials
All Sessions	(See Calendar)		M-F M, T, W, Th, F			
Fall Session	(See Calendar)		M-F M, T, W, Th, F			
Winter Session	(See Calendar)		M-F M, T, W, Th, F			
Spring Break	(See Calendar)		M-F M, T, W, Th, F			
Spring Session	(See Calendar)		M-F M, T, W, Th, F			
Summer Preview	(See Calendar)		M-F M, T, W, Th, F			
Summer Session	(See Calendar)		M-F M, T, W, Th, F			

For:			
Child's Name			
regulations of the Center as set for	orth in it's latest publications, notices, to purchases, ect., by the applicant. I (volume and the signatures thereto.	olicant's enrollment in the Toddler Cen uition schedule and assume full liability (ve) have read, fully understand and agr	ty for all indebtedness
	Signature	Date	

Date

Signature