

TWIN SPRING FARM

1632 East Butler Pike Ambler, PA 19002 / 215-646-2665

☐ INFANTS ☐ TODDLERS ☐ NURSERY ☐ TRANSITIONAL KINDERGARTEN ☐ PRE-FIRST

Child Information School Year \_\_\_\_\_ Registration Date: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Health Insurance Coverage for Child: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Status:[ ] M. [ ] S. [ ] Div. [ ] Sep. [ ] Wid. [ ] Partner

Parent/Guardian

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Status:[ ] M. [ ] S. [ ] Div. [ ] Sep. [ ] Wid. [ ] Partner

Parent Signature is required for each item below to indicate parental consent:

Table with 2 columns and 3 rows: Obtaining Emergency Medical Care, Admin. Of Minor First Aid Procedures, Walks and Trips, Swimming, Transportation by the facility, Wading.

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

2nd Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

List names and ages of children in your family: \_\_\_\_\_

Previous School Experience (where and when): \_\_\_\_\_

Who referred you and how did you hear about Twin Spring Farm? \_\_\_\_\_

**DAY SCHOOL PROGRAM (check appropriate boxes):**

A **\$250.00** application fee payable to Twin Spring Farm is required to reserve an applicant's place in the school and a **\$25.00 fee payable to the "TSE Home and School"**. The application fee will be credited on the tuition statement, but is **not refundable or transferable in case of withdrawal**. Applicants are accepted for the entire school year. Upon acceptance the full tuition and other charges for the entire school year are due and payable to the school in accordance with the plan selected below, regardless of any absence, withdrawal, suspension or dismissal of the student, whether or not such action occurs at the initiative of the school. Screening is necessary within 30 days to complete application for new students. Final acceptance is held until screening is completed and all required papers are submitted and reviewed, at which time you will receive an acceptance card. Placement Reservations will not be held if July 1st payments are not received by July 1st. Permission is granted that information about my child can be shared with Twin Spring Farm Day School Staff for the well being of my child. Additional Financial Responsibilities are listed in the Day School Parent Handbook distributed upon enrollment and available upon request.

**NURSERY (age 3 as of 12/31)**

- Full Day Nursery:**  
 Mon  Tues.  Wed.  Thur.  Fri.  
 **Half Day Nursery:**  
 Mon.  Tues.  Wed.  Thur.  Fri.

**TRANSITIONAL KINDERGARTEN (5 days)**

- Full Day     Half Day (5 days)  
 Combo (early 2, 3, 4 days)  
 Mon.  Tues.  Wed.  Thur.  Fri.

**PRE-FIRST (5 Days)**

- Full Day

**MORNING AND AFTERNOON CLUBS**

- A) 7:00 A.M. to 9:00 A.M. (Dawners)  
 B) 3:30 P.M. to 6:00 P.M. (Sundowners)

Tardy arrivals after 6:00 P.M. will have an additional charge of \$1.00 per minute or any part thereof.

**Tuition Options**

- 1  One Payment - \$250.00 with application.  
 2  Two Payment - \$250.00 with application.  
 6  Six Payment - \$250.00 with application.  
 12  Twelve Payment - \$250.00 with application.

**INFANT/TODDLER PROGRAM- 7:00am-6:00pm (check appropriate boxes):**

A **\$250.00** application fee payable to Twin Spring Farm is required to reserve an applicant's place in the Infant and Toddler Center and a **\$25.00 fee payable to the "TSE Home and School"**.

\*Minimum days per week for a child 3 months to 12 months old: 3 days  
 \*Minimum Days per week for a child 12 months- 3 years old: 2 days

- SCHOOL YEAR SESSION: (Please check your desired days)**     Mon.  Tues.  Wed.  Thur.  Fri.

**Start Date:** \_\_\_\_\_    **Approximate Drop Off time:** \_\_\_\_\_    **Approximate Pick-Up time:** \_\_\_\_\_

- OPTIONAL SESSIONS:**     **SPRING BREAK SESSION**     Mon.  Tues.  Wed.  Thur.  Fri.  
 **SUMMER PREVIEW SESSION**     Mon.  Tues.  Wed.  Thur.  Fri.  
 **SUMMER SESSION**     Mon.  Tues.  Wed.  Thur.  Fri.

(Please see the corresponding dates as listed in the Twin Spring Farm Calendar for each session)

**Tuition Options**

Financial Responsibilities are listed in the Toddler Parent Handbook distributed upon enrollment and available upon request. Tuition Fees are subject to change with a 30 day notice to parents. Please make payments to "Twin Spring Farm". Check, Cash, or Credit Card-Visa, Master card accepted (3% convenience fee added at time).

**Fee Amount per day:**     \_\_\_\_\_ **Infants (3 months- 12 months)**     \_\_\_\_\_ **Toddlers (12mos.-3yrs.)**  
**Day Payment to be made:** \_\_\_\_\_

\*Monthly Payments: Tuition is due at minimum on last day of month prior to month attending  
 \*Weekly Payments: Tuition is due at minimum on Friday for the next week. Tuition for sessions can be pre-paid on a monthly basis as well.

**Parental Agreement**

I understand that as a new applicant for the Day School Program, I will complete the Twin Spring Farm Personal History Form for my child located on Page 4 of the Registration Form.

I understand that the registration form, emergency contact information, financial agreement information, health form, as well as the processing fee/escrow deposit are all needed to complete a child's registration.

I understand that there are no discounts and no allowances made for absences or vacations. Children enrolled must have their full rate tuition paid whether absence is due to illness, holidays, snow closings, or any other hazardous weather. These fees must be paid to insure a continuing place for your child.

I hereby agree to pay tuition according to the payment plan listed on the price sheet and I acknowledge my responsibility and all costs in regard to legal collection if necessary. Any account **not paid** by the 1st of each month or when due will be charged **\$25.00** per payment per month service charge and assessed 1.25% interest charge per month on outstanding balances. 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.

I understand that as part of the Infant and Toddler Program the following services will be provided: Child Care, Nursing Care, and Child Service Reports every 6 months.

I also understand that the Summer Camp Program is not part of this agreement.

I agree to abide by the rules and regulations set forth by the directors as published in the Parent Handbook accessible on the Twin Spring Farm Website or by request.

I have completed the Emergency Contact/Parental Consent information included on this form under 55 PA Code.

I consent to Emergency Medical care for my child in the event that I or my emergency contact cannot be reached.

I also agree to have a family physician and/or dentist fill out the required forms prior to my child starting school.

I further understand that children will only be released to those designated on this registration form.

I agree to pay tuition when due.

I give permission to Twin Spring Farm staff to administer prescription medications as per instructions of family physician or non prescription medications as outlined by me and signed off in the Medication Log under 55 PA Code.

I also agree that Twin Spring Farm staff shall administer minor first aid procedures.

I consent to have my child transported by Twin Spring Farm on announced /pre-planned field trips throughout the school year. (T-K/Pre-First only)

I understand that my child's photo may be taken to be used by Twin Spring Farm for promotional purposes.

I have read and understand the Nondiscrimination in Services form.

I understand that Twin Spring Farm is an Equal Opportunity Employer.

Twin Spring Farm reserves the right to cancel any class with advance notice and refund the tuitions paid. Twin Spring Farm reserves the right to cancel a child's enrollment if deemed in the best interest of the child and the school.

I, the parent/guardian,

- Received complete written program information at the time of enrollment
- agree to update the emergency contract/parental consent form information whenever changes occur or every 6 months at a minimum.

I have read, fully understand, and agree to the Terms of Enrollment.

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(Director/Operator)                      (Date)                                      (Signature of Parent/Guardian)                      (Date)

<b>Periodic Review:</b> _____	<b>Date:</b> _____
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<b>Periodic Review:</b> _____	<b>Date:</b> _____
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**Personal History Form**  
(To be completed for Day School Applicants Only)

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Present School Grade: \_\_\_\_\_

1. Has the applicant any history, physical or emotional, which has required treatment or concern? Respond YES or NO \_\_\_\_\_. If yes, please write an explanation below and attach related information.

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2. Has the applicant been diagnosed as having Attention Deficit Disorder? Respond YES or NO \_\_\_\_\_. If yes, please write an explanation below.

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3. Has the applicant been diagnosed as having Attention Deficit Hyperactivity Disorder? Respond YES or NO \_\_\_\_\_. If yes, please write an explanation below.

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4. Has the applicant been diagnosed as having an Auditory Processing Deficit? Respond YES or NO \_\_\_\_\_. If yes, please write an explanation below.

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5. Has the applicant previously been treated for or is now engaged in counseling service, specialized classroom setting, or any supportive care? Respond YES or NO \_\_\_\_\_. If yes, please provide a written explanation and attach additional related information.

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6. Is the applicant taking any type of medication regularly for any of the above needs? Respond YES or NO \_\_\_\_\_. If yes, please advise name of medication \_\_\_\_\_

Is the applicant taking medication for any other need? Respond YES or NO \_\_\_\_\_. If yes, please advise name of medication \_\_\_\_\_

7. Considering all of the above, will this applicant be able to function adequately and socially in our program? Respond YES or NO \_\_\_\_\_.

In accordance with the information noted on this form, we may require a Teacher's Confidential Recommendation to be completed by your child's present teacher. This information will assist us in proper placement and/or determine if our program is suited for your child. Withholding or falsely stating information can be a handicap in your child's development. Guidance and program development cannot be enhanced if the organization is unaware of any personal history that may affect your child's participation in our program. Be assured any and all information is confidential to this organization and is not transferred to any other source without parental consent. Any parent withholding such information will forfeit all possible consideration should it be necessary to suspend, dismiss, or demand withdrawal of applicant enrolled on this application.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_