



School for Young Children

11 St. Asaph's Road, Bala Cynwyd, PA 19004
610-668-2233 Fax 610-668-4659 BalaCynwydSchool.net

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

HOME PHONE: (____) _____ - _____

SCHEDULE:	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
ARRIVAL	_____	_____	_____	_____	_____
DEPARTURE	_____	_____	_____	_____	_____

(Indicated times are provided as estimates for the School's staff planning.)

PARENT/GUARDIAN NAME: _____ S.S. #: _____

ADDRESS: _____ HOME PHONE: (____) _____ - _____
(If Different) _____ WORK PHONE: (____) _____ - _____

EMAIL: _____ CELL PHONE: (____) _____ - _____

PARENT/GUARDIAN NAME: _____ S.S. #: _____

ADDRESS: _____ HOME PHONE: (____) _____ - _____
(If Different) _____ WORK PHONE: (____) _____ - _____

EMAIL: _____ CELL PHONE: (____) _____ - _____

ENROLLMENT:

A nonrefundable \$75.00 Registration Fee is attached to register my child for the appropriate class and indicated schedule. Any future requested changes in the start date or schedule will be subject to space availability.

By February 1st or at least ninety (90) days prior to the confirmed start date, whichever is earlier, a signed Registration and Tuition Agreement plus an Advance (i.e. Deposit) equal to one-half month's tuition is due. If the Advance and Agreement are not received as indicated, the School may fill the vacancy and place your child on the waiting list for a future opening. 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.

WAITING LIST:

Please place my child on the waiting list for the appropriate class. I understand that the nonrefundable \$75.00 Registration Fee as per above will be due at the time I am notified of space availability. In addition, I understand that the above italicized paragraph will be applicable when I remit the Registration Fee.

PARENT SIGNATURE: _____ DATE: _____

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

DATE: April 6, 2005
SUBJECT: Nondiscrimination in Services
TO: All Parents, Clients and Volunteers
FROM: Eileen Hanley-Meline

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:

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675

Department of Public Welfare
Bureau of Equal Opportunity
Southeast Field Office
1105B State Office Building
1400 Spring Garden Street
Philadelphia, PA 19130

U.S. Department of Health and Human Services
Office of Civil Rights
Suite 372, Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-3499

PA Human Relations Commission
711 Philadelphia State Office Bldg.
1400 Spring Garden Street
Philadelphia, PA 19130

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