



charlestown playhouse

APPLICATION FOR ENROLLMENT

Date _____

Child's Name: _____
(last) (first) (middle)

Birth Date: _____ Sex: _____
(month / day / year) (M/F)

Sibling of current Playschool student? (Please circle) Yes (Name: _____) No

Township of Residence _____ School District _____

Has child attended any other preschool program? Yes/No If yes, where? _____

Parent/Guardian Information

Parent 1 _____ Relationship to child _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail (Please PRINT) _____

Occupation _____ Employer Name/Address _____

City _____ Zip code _____ Phone _____

Parent 2 _____ Relationship to child _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail (Please PRINT) _____

Occupation _____ Employer Name/Address _____

City _____ Zip code _____ Phone _____

Our school day runs five morning per week with dismissal at 11:45 am. Children have the option of staying through the afternoon, with dismissal at 2:45. Please let us know your interest in additional afternoon programming: (circle one)

Not interested Tues/Thurs Mon/Wed/Fri Mon-Fri Not sure at this time

How did you hear of Charlestown Playhouse? _____

Signature _____

Charlestown Playhouse, Inc. does not discriminate on the basis of race, color, age, national origin, gender, gender preference, or disability in admission or access to, or treatment in or employment in, its educational programs or activities.

Charlestown Playhouse, Inc.~2478 Charlestown Rd.~Phoenixville, PA~19460

Office use only: Date of visit _____