**Green Lane School**

**Office Use Only**

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

Online or Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling:❑ YES ❑ NO Class\_\_\_\_\_\_\_\_\_\_

Green Lane United Methodist Church

470 Green Lane

Philadelphia, PA 19128

Phone (215) 487-0740

Email: glsoffice470@gmail.com

**APPLICATION FOR ADMISSION**

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ ❑ M ❑ F

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

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Mother’s Information** | **Father’s Information** |
| Name: | Name: |
| Home Phone: | Home Phone: |
| Cell Phone: | Cell Phone: |
| Work Phone: | Work Phone: |
| Email: | Email: |

**SELECT APPROPRIATE AGE GROUP**

**Please be aware that all children in our 3-year-old & pre-k programs must be fully potty trained.**

❑ 1-Year-Old – 5-day, M-F (only) – Must be one years old by September 1 of the admitting year

|  |  |  |
| --- | --- | --- |
| ❑ 2-Year-Old Toddler – 3 days, MWF | ❑ 2-Year-Old Toddler – 5-day, M-F |  |
| ❑ 3-Year-Old – 3 days, MWF | ❑ 3-Year-Old – 5-day, M-F |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drop-off time:** | ❑ 7:30 | ❑ 8:00 | ❑ 8:30 |  |  |
| **Pick-up time:** | ❑ 12:30 | ❑ 2:30 | ❑ 3:30 | ❑ 4:00 | ❑ 4:30 |

❑ **Pre-K Program (5 days only)** – Must be 4yrs old by September 1st of the admitting year - Dismissal is 2:30 pm, aftercare is available

Services are provided, and admissions are made without regard to race, color, religious creed, ancestry, gender, disability, or national origin.

Please initial: I understand that…

|  |  |
| --- | --- |
|  | if the program that I have chosen is full, I will be placed on a waiting list. |
|  | Green Lane School reserves the right to cancel any program with written notice to the parents involved. |
|  | a current health assessment and emergency contact form must be on file when my child begins school & will be updated every six months |
|  | all changes must be submitted in writing within 30 days of completing my enrollment paperwork |
|  | all changes are subject to a $25 fee per child. |
|  | my enrollment fee and first tuition payment are non-refundable nor will be credited |
|  | any payments made after payment #1(payments #2 through #10) may be refunded only when my child’s spot has been filled. |

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_