

CHRIST ASCENSION PRESCHOOL
8300 Germantown Avenue Philadelphia, PA 19118
215-247-4233

APPLICATION FOR ENROLLMENT – 2022/2023 SCHOOL YEAR

Child's Name _____

Toddler Program (15 months by September 15th)

Days requested: M _____ T _____ W _____ Th _____ F _____

_____ 2 days - \$380. per /mo _____ 3 days - \$495. per /mo _____ 5 days - \$630. per/ mo.

Two Year Old Program - by September 15th)

Days requested: M _____ T _____ W _____ Th _____ F _____

_____ 2 days - \$380. per /mo _____ 3 days - \$495. per /mo _____ 5 days - \$630. per/ mo.

Three Year Old Program - by September 15th)

Days requested: M _____ T _____ W _____ Th _____ F _____

3 days - \$400. per /mo _____ 4 days - \$495. per/ mo _____ 5 days - \$590. per/ mo.

Four Year Old and Pre-Kindergarten Programs

Days requested: M _____ T _____ W _____ Th _____ F _____

3 days - \$400. per /mo _____ 4 days - \$495. per/ mo _____ 5 days - \$590. per/ mo.

Early Drop Off - 8 am \$9/day 8:30am \$ 5/ day Monthly rates available

Days requested: M _____ T _____ W _____ Th _____ F _____

Lunch Bunch 12pm – 4pm) Drop in rate is \$15.00/hour Monthly rates available

Days requested: M _____ T _____ W _____ Th _____ F _____

Hours Requested: 1pm _____ 2pm _____ 3pm _____

***School begins the first week of September each year and is in session until the second week of June. A non-refundable registration fee of \$100 must be remitted with this application. Please make checks payable to Christ Ascension Preschool (CAPS). Tuition is an annual rate broken down into 9 monthly payments for convenience. The rate does not change during months with holidays, etc. The annual rate may be paid in one lump sum.**

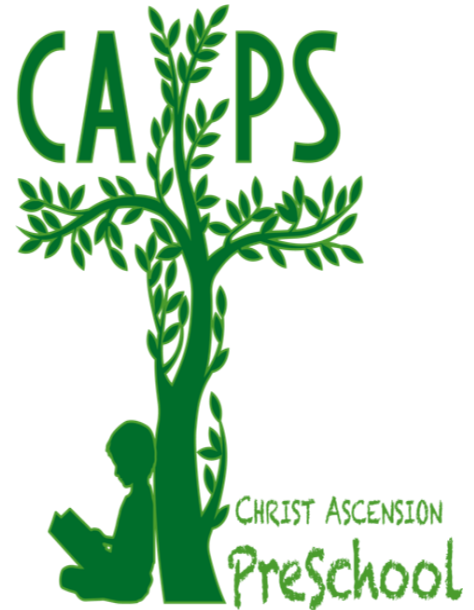
I agree to the terms as stated on this application and wish to enroll my child.

Signature of Parent or guardian: _____

Date: _____

Please remit this application and \$100 (No more than \$175 per family if more than one child is applying) non-refundable registration fee to: **Christ Ascension Preschool 8300 Germantown Ave, Philadelphia, PA 19118**

Registration Fee: _____ Check # _____ Dated: _____ Class: _____ Office use only





CHRIST ASCENSION PRESCHOOL
215-247-4233

Preferred Name _____ Gender _____ Date of Birth _____

Primary Phone # _____ Email address _____

Address _____ City _____ Zip _____

Parent 1 Name _____ Occupation _____

Parent 1 Cell # _____ Work# _____

Parent 2 Name _____ Occupation _____

Parent 2 Cell # _____ Work # _____

E-Mail _____

Marital Status _____

Siblings Name Age

Others Living in Home: _____

Has this child previously attended Preschool? _____ Where? _____

Family Church Affiliation _____

Known Allergy Information _____

Please list some of your child's favorite activities _____

What would you like to see your child gain from attending our program:
