Check One Program:

- ☐ **Ducks** (2.7-yr-olds), T / Th, 9am-12pm
- ☐ **Frogs** (3-yr-olds), M / W / F, 9am-12pm
- ☐ **Bears** (4-yr-olds), M – F, 9am-12pm
- ☐ **Bridge to K**, M – F, 9am-3pm
- ☐ **Half Day Bridge**, M – F 12pm-3pm

St. Christopher's Day School

226 Righters Mill Road
Gladwyne, PA 19035
610-649-3890

2024-25 APPLICATION

_____ _____ M / F
Child's Name Birthdate Gender

_____ _____ ____ _____
Address City State Zip Code

_____ _____
Parent/Guardian (1) Name Parent/Guardian (2) Name

_____ _____
Cell Phone Cell Phone

_____ _____
Email Email

Has your child previously attended school? YES NO Where? _____
(Circle One)

Would you be interested in an early drop-off program (8am)? YES NO
(Circle One)

Would you be interested in our Stay Day program (12pm-3pm)? YES NO
(Circle One)

Is there anything else you think we should know about your child?

_____

How did you hear about St. Christopher's Day School?

_____

A **non-refundable $100 deposit** is due at time of application.

Please make checks out to: **St. Christopher's Church**

Please return completed application, along with the deposit, to:

St. Christopher's Church
Attn: Katie Gibbs
226 Righters Mill Road
Gladwyne, PA 19035