



Copeland Run Academy

407 Lloyd Ave., Downingtown, PA 19335 610-269-4423
 copelandrun@gmail.com copelandrundacademy.org

Application for Enrollment

2017 – 2018 School Year

Child's Information

First Name	Middle Name	Last Name
If you use a nickname, what name do you prefer your child be called at school?		
Date of Birth	Female <input type="checkbox"/> Male <input type="checkbox"/>	Child lives with: _____ both parents _____ mother _____ father _____ other

Parent/Guardian Information

Mother/Legal Guardian's Name			Father/Legal Guardian's Name		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Email address			Email address		
Home phone number	Cell phone number	Work phone number	Home phone number	Cell phone number	Work phone number

Please indicate your choice of program:

Twos – must be 2 by 9/1/17	Threes – must be 3 by 9/1/17		Fours – Must be 4 by 9/1/17		
T/Th 9:15 – 11:15	T/Th 9:15 – 11:45	M/W/F 9:15 – 11:45	M/W/F 9:00 – 11:30	M/T/W/Th 9:00 – 11:30	M/T/W/Th/F 9:00 – 11:30

If your child (3's and 4's classes only) will require extended care on a **regular** basis, please indicate your choice of days below. See program information sheet for schedules and fees.

	Monday	Tuesday	Wednesday	Thursday	Friday
Early Drop-off					
Lunch Bunch					
Enrichment					

Does your child have any allergies, restrictions or special requirements? _____

Enclosed is my non-refundable, non-deductible \$70 registration fee. Please make checks payable to, Copeland Run Academy.

Signature

Date