



# Longswamp Learning Center

A Mission of Longswamp U.C.C.

200 Clay Road, Mertztown, PA 19539-9505

Sharon, Director

610-682-9750

[sharon@longswamplearningcenter.com](mailto:sharon@longswamplearningcenter.com)



## ENROLLMENT APPLICATION

Student Name (Please PRINT) : \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ yrs. \_\_\_\_\_ mths. \_\_\_\_\_ wks. **OR, DUE DATE:** \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_, \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Requesting Days : M T W Th F Please circle

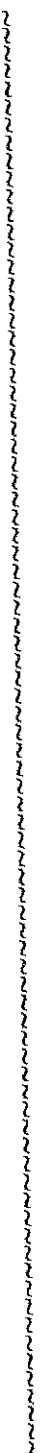
School Age Only: Before & After Just Before Just After Please circle

Times: Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

Start Date Requested: \_\_\_\_\_

\*\*\* Start date is not guaranteed until a contract/agreement is signed by both parties; guardian and LLC Authorized Representative.

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



### Center Use Only:

Admission Date: \_\_\_\_\_ Registration Fee: \$ \_\_\_\_\_ Pd. Ck# \_\_\_\_\_ Key Fob Deposit \$ \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ 1st Wk Tuition: \$ \_\_\_\_\_ Pd. Ck# \_\_\_\_\_ Key Fob Deposit returned \_\_\_\_\_