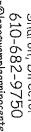
## Longswamp Learning Center A Mission of Longswamp U.C.C. 200 Clay Road, Mertztown, PA 19539-9505 Sharon, Director 610-682-9750 Sharon@longswamplearningcenter.com





## ENROLLMENT APPLICATION

| Student Name (Please PRINT):                                  |   |   | Today's Date:    | te;  |
|---|---|---|------------------|--|
| <u> </u>  | <b>-17</b>                                | S   |                  | Middle: Sex:   |
| Birthdate:  | Age:                                      | yrs.  | mths             | wks. OR, DUE DATE:   |
| Address:  |   |   |                  | Home Phone:  |
| City, State, Zip:   |   |   |                  |  |
| Wother's/Guardian's Name:                                     |   | *   |                  |  |
| Address:  |   | and provide the second |                  | Cell Phone:  |
| City, State, Zip:   |   |   |                  |  |
| Father's/Guardian's Name:                                     |   |   |                  |  |
| Address:  |   | e e e e e e e e e e e e e e e e e e e   |                  | Cell Phone:  |
| City, State, Zip  |   | a na managangan paggapan maray  |                  |  |
| Requesting Days: M T  | N   | Th F Ple  | Please circle    |  |
| School Age Only: Before                                       | Before& After                             | Just Before   | Just After       | Please circle  |
| Times: Drop off   | _ Pick up                                 |   |                  |  |
| Start Date Requested:   |   |   |                  |  |
| *** Start date is not guaranteed<br>Authorized Representative | d until a co<br>e.                        | ntract/agreem   | ent is signed l  | *** Start date is not guaranteed until a contract/agreement is signed by both parties; guardian and LLC Authorized Representative. |
| Parent Signature:   |   |   |                  | Date:  |
| لا إما يوالوالوالوالوالوالوالوالوالوالوالوالوالو              | وكم يعول عوارس يعوار                      | Cente   | Center Use Only: | معوامين أعيم فيم أعيم فيموامين مع العوامين مع العوامين مع العوامين العوامين العوامين العوامين العوامين العوامين                    |
| Admission Date:   | Registration Fee: \$, 1st Wk Tuition: \$, | On: \$  | Pd. Ck#          | Key Fob Deposit returned   |
| Withdrawai Date:  | La AAV LORUN                              |   | 2.08             |  |