



St. Thomas of Villanova Preschool
1236 Montrose Avenue
Rosemont, Pennsylvania 19010



610-525-7554

stv.maryshouse1@gmail.com

APPLICATION FOR ADMISSION 2019-2020

Applicant's Name _____

First Middle Last

Address _____

Street (Apt. #) City State Zip

Home Phone (with area code) _____ **Emergency Phone #** _____

Mother's Name _____ **Phone Number(s)** _____

Mother's email _____ Day Work

Father's Name _____ **Phone Number(s)** _____

Father's email _____ Day Work

Legal Guardian (If different from above) _____ **Phone:** _____

Date of Birth _____ **Race** _____ **Sex (Circle):** Male Female

Religion _____ **Parish** _____

Diseases or Special Health Problems _____

Program for which you are registering: (Please check one)
****All New Children must reach the age for each of the classes by 9/1/2019**

Mommy & Me	1 Hour Weekly, 8 weeks	Mondays, 9:30am – 10:30am	
2 Year Old	3 Half Days	Tues, Wed, Thurs., 8:30am – 11:30am	
3 Year Old	3 Half Days	Tues, Wed, Thurs., 8:30am – 11:30am	
3 Year Old	3 Full Days	Tues, Wed, Thurs., 8:30am – 3:30pm	
3 Year Old	5 Half Days	Monday thru Friday, 8:30am – 11:30pm	
3 Year Old	5 Full Days	Monday thru Friday, 8:30am – 3:30pm	
4 Year Old	3 Half Days	Tues, Wed, Thurs., 8:30am – 11:30am	
4 Year Old	3 Full Days	Tues, Wed, Thurs., 8:30am – 3:30pm	
4 Year Old	5 Half Days	Monday thru Friday, 8:30am – 11:30pm	
4 Year Old	5 Full Days	Monday thru Friday, 8:30am – 3:30pm	

Signature of Parent/Guardian _____ **Date** _____

Please return application along with payment #1 (cash or check) in the amount of \$400.00 payable to:

"St. Thomas of Villanova Preschool", Attention: Mary Kurek, Director

Please visit www.stvpreschool.org

For Office Use: 11.16.18	Payment 1: _____	Payment 2: _____	Payment 3: _____
	Date: _____	Date: _____	Date: _____
	Check #: _____	Check #: _____	Check #: _____
	On-line pay: _____	On-line pay: _____	On-line pay: _____