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

610-525-7554 **stv.maryshouse1@gmail.com**

APPLICATION FOR ADMISSION 2017-2018

Applicant's Name_____
First Middle Last

Address _____ _____
Street (Apt. #) City State Zip

Home Phone (with area code) _____ E-Mail _____

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

Father's Name _____ **Phone Number(s)** _____ _____
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 Children must reach the age of the class by 10/1/2017**

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, $400.00 and make check payable to:
"St. Thomas of Villanova Preschool", Attention: Mary Kurek, Director
Please visit www.stvpreschool.org

For Office Use: 6.14.17	**Payment 1:** _____ **Date:** _____ **Check #:** _____	**Payment 2:** _____ **Date:** _____ **Check #:** _____	**Payment 3:** _____ **Date:** _____ **Check #:** _____