St. Thomas of Villanova Preschool

1236 Montrose Avenue, Rosemont, PA 19010
610-525-7554 * Fax 525-6041
stv.maryshouse1@gmail.com http://stvpreschool.org

"Guide Their Future"

APPLICATION FOR ADMISSION 2021-2022

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:
3's and 4's must be 3 or 4 by 9/1/2021

Number of Days	Days and Hours	Tuition Rate Parishioner – *Non-Parishioner*	Please ✓ only one
3 Half Days	Tues, Wed, Thurs., 8:30am – 11:30am	**$3900.00** - *$4100.00*	
3 Half Days with lunch time	Tues, Wed, Thurs., 8:30am – 12:30pm	**$4150.00** - *$4350.00*	
3 Full Days	Tues, Wed, Thurs., 8:30am – 3:30pm	**$4850.00** - *$5050.00*	
5 Half Days	Monday thru Friday, 8:30am – 11:30pm	**$5250.00** - *$5450.00*	
5 Half Days with lunch time	Monday thru Friday, 8:30am – 12:30pm	**$5550.00** - *$5750.00*	
5 Full Days	Monday thru Friday, 8:30am – 3:30pm	**$5800.00** - *$6000.00*	

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: 2.1.21	**Payment 1:** _____ **Date:** _____ **Check #:** _____ **On-line pay:**_____	**Payment 2:** _____ **Date:** _____ **Check #:** _____ **On-line pay:**_____	**Payment 3:** _____ **Date:** _____ **Check #:** _____ **On-line pay:**_____