

## **St. Thomas of Villanova Preschool**

1236 Montrose Avenue, Rosemont, PA 19010 610-525-7554 \* Fax 525-6041

stv.maryshouse1@gmail.com

http://stvpreschool.org

## **APPLICATION FOR ADMISSION 2022-2023**

Applicant's Name	Circl Mi	idalla			
	First Mi	iddle	Last		
Address					
Street	(Apt. #) City	State	Zip		
Home Phone (with area	a code)	Emergency Phone #			
Mother's Name	Phone	e Number(s)			
Mother's email			Work		
	Phone				
			Work		
Legal Guardian (If different from above)		·			
•	•				
Date of Birth	Race	Sex (Circle):	Male Female		
Religion	Pa	rish			
	ealth Problems				
Number of Days	Days and Hours	Tuition Rate Parishioner – Non-Parishione	Registration Fee	Please v	
3 Half Days	Tues, Wed, Thurs., 8:30am – 11:30am	<b>\$3900.00</b> - <i>\$4100.00</i>	\$200.00		
3 Half Days with lunch	Tues, Wed, Thurs., 8:30am – 12:30pm	<b>\$4150.00</b> - <i>\$4350.00</i>	\$200.00		
3 Full Days	Tues, Wed, Thurs., 8:30am – 3:30pm	<b>\$4850.00</b> - \$5050.00	\$200.00		
5 Half Days	Monday thru Friday, 8:30am – 11:30pm	<b>\$5250.00</b> - \$5450.00	\$200.00		
5 Half Days with lunch	Monday thru Friday, 8:30am – 12:30pm	\$5550.00 - \$5750.00	\$200.00		
5 Full Days	Monday thru Friday, 8:30am – 3:30pm	<b>\$5800.00</b> - \$6000.00	\$200.00		
Signature of Parent/Gu	uardian	Date		_	
Please return	application along with payment #1 (	cash or check) in the amount of	f \$200.00 payable	to:	
	"St. Thomas of Villanova Prescho	•	• •		
	Please visit <u>www</u>	v.stvpreschool.org			
For Office Use: 1.3.2022	Payment 1: \$200.00 (Non-refundable Registration Fee)		Payment 3: _		
	<b>Date:</b>		Date:		
				Check #:	
	Check #: On-line pay:	Check #:	Check #: _		