Wonderspring Havertown

1208 Allston Road, Havertown, Pennsylvania 19083 • 610-446-0880 • Education Director Elizabeth Dougherty

Please email this completed form to bdougherty @wonderspring.org. or mail to the address above.

Application 2024-25

Student's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone/Primary Contact Number: _____

Legal Guardian #1 Name: _____

Relationship: _____ Primary Contact Number: _____

Email Address: _____

Place of Employment: _____

Phone number: _____ Cell phone: _____

Legal Guardian #2 Name: _____

Relationship: _____ Primary Contact Number: _____

Email Address: _____

Place of Employment: _____

Phone number: _____ Cell phone: _____

Emergency Contact: _____ Contact Number: _____

All children must be up to date with immunizations to attend school. Does your child have any medical conditions and/or allergies that the staff should be aware of? If yes, please explain.

_____

_____

<u>Please complete this portion if your child has special needs.</u> A meeting with the Education Director and teacher will need to be scheduled prior to the start of school.

1. Will you be sharing his/her I.E.P.?
   ☐ Yes   ☐ No

2. Will related services be provided at St. Faith (speech, OT, PT, Itinerary Education)?
   ☐ Yes   ☐ No

3. Who is your child's service coordinator? _____

I agree to the terms set in this registration form for the 2024-25 school year.

_____   _____
(Signature)   (Date)   **24-25**

Class Preference Form 2024-25

Student's Name: _____

- ## Preschool Programs:
  ### Programs are subject to change pending enrollment.

  *Please rate your preference for days as 1, 2, 3 or no preference, any day(s) would be fine.
  *Note: Your child must be fully potty trained and independent in the bathroom.

  ### Morning Programs 9-11:30 am.

  #### AM Three Year Old Classes
  Suggested Age – Three by October 1st
  3 Days Weds./Thurs./Fri. _____
  4 Days Tues. – Fri, _____
  5 Days Mon.-Fri. _____

  #### AM Four Year Old Classes
  Suggested Age – Four by October 1st
  3 Days Weds./Thurs./Fri. _____
  4 Days Tues. – Fri, _____
  5 Days Mon.-Fri. _____

  #### AM Pre-K Transitional Class
  Suggested Age – Five by October 1st
  5 Days Mon. – Fri. _____

  ### Full Day Programs 9-3:00 pm.

  #### Three Year Old Classes
  Suggested Age – Three by October 1st
  3 Days Weds./Thurs./Fri. _____
  4 Days Tues. – Fri, _____
  5 Days Mon. – Fri._____

  #### Four Year Old Classes
  Suggested Age – Four by October 1st
  3 Days Weds./Thurs./Fri. _____
  4 Days Tues. – Fri, _____
  5 Days Mon. – Fri._____

  #### Pre-K Transitional Class
  Suggested Age – Five by October 1st
  5 Days Mon. – Fri. _____

  #### Kindergarten Enrichment
  5 Days AM or PM based on your child's
  Kindergarten assignment_____
  School child is attending:
  _____

Extended drop-in care is available until 3 pm. For children enrolled in morning programs for $35 per day.
At least 24 hours' notice is required.

Received_____   Time_____