

Colonial Before & After School Application Form 2026-2027 School Year

Please fill out each box entirely, NA or None where applicable

Elementary School:	Grade as of September 2026:	Desired Start Date:	
Child's Name:	Gender:	Birth Date:	
Address Where Child Resides:	City:	State:	Zip:
Child Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please Specify) _____		Primary Language Spoken at Home:	
How did you hear about Wonderspring?		Actual Start Date: <i>Office Use Only</i>	

Parent/Guardian 1 Information			
Name:	Home Phone Number:	Cell Phone Number:	
Home Address:	City:	State:	Zip:
Email Address:	Employer/Workplace:		
Work Address:	Work Phone Number:		

Parent/Guardian 2 Information			
Name:	Home Phone Number:	Cell Phone Number:	
Home Address:	City:	State:	Zip:
Email Address:	Employer/Workplace:		
Work Address:	Work Phone Number:		

Please check the days needed for each program type. (Minimum of 3 days/week)					
Before School Care Program (7:00 AM – 8:50 AM)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
After School Care Program (3:20 PM – 6:00 PM)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Please briefly describe any special needs, disabilities, or allergies of your child.

Application Fee: \$25 per child at time of Application / Enrollment Fee: \$50 per family at time of Enrollment
(Both Application and Enrollment Fees are Non-refundable)
The application and enrollment fees do not apply to families receiving ELRC funding.

Submit your application via email to ggresh@wonderspring.org, fax to 610-828-6443 or mail to 466 Germantown Pike, Lafayette Hill, PA 19444
Please be advised that completion of this application is not a guarantee of placement in our program.

Once your application has been received, we will notify you if placement for your child is available and send you an invoice for the application fee.

Signature of Parent or Guardian:

Date:

Signature of Center Administrator:

Date:
