



Date received _____

Check # _____

For Preschool use only

LITTLE SWATARA PRESCHOOL

APPLICATION FOR ENROLLMENT

SCHOOL YEAR 2024 - 2025

Name of Child _____ Date of Birth _____

Address _____

Telephone (_____) _____ E-mail _____

Name of Parents (mother) _____

Or guardians _____

(father) _____

Enrollment

A registration fee must accompany this application.*Register by May 1, 2024, fee is \$25.00****Register after May 1, 2024, fee is \$35.00****Paid\$** _____There are four classes. Please note your 1st and 2nd class preference: Preference

Preschool 1 Monday, Wednesday, and Friday 9:00 to 11:30am _____

Preschool 2 Tuesday and Thursday 9:00 to 11:30am _____

Pre K 1 Monday, Wednesday and Thursday 9:00 to 11:30am **CLOSED**

(Plus 17 Wednesday Extended Days 9am to 3pm) (This class is full.)

Pre K 3 Monday, Tuesday and Thursday 12:30 to 3:00pm _____

(Plus 17 Tuesday Extended Days 9am to 3pm)

Tuition

Preschool 1 class: \$140.00 monthly (3 days a week)**Preschool 2 class:** \$100.00 monthly (2 days per week)**Pre Kindergarten 1 and 3 classes:** \$140.00 monthly (3 days per week)September thru December, \$190.00 January thru April (plus 17 extended days),
and \$140.00 May.**Discounts are given when the year's full tuition is paid in September.**

____ Yes, I am interested in scholarship information based on financial need.

Signed _____ Date _____

For Preschool use only

Approved _____ Date _____

(Director Signature)

**Mailing address: P.O. Box 437 Bethel, PA 19507
(717)933-4500**