



Name of Child:	Child's Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Home Address:		Today's Date:

Parent #1 Information <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian	Parent #2 Information <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Place of Employment:	Place of Employment:
Employer Address:	Employer Address:
Employer Phone:	Employer Phone:

Select Appropriate Age Group: ☐ One-Year-Old ☐ Two-Year-Old ☐ Three-Year-Old ☐ Pre-K
*Children must turn 4 (PreK), 3 (Three Year Old), 2 (Two Year Old), 1 (One Year Old)
before September 1st of the admission year for the above class.*

Select 10- or 12-month program:

- ☐ 10 Month (09/2026 – 06/2027)
☐ 12 Month (09/2026 – 08/2027)

Interested in Summer 2026?

- ☐ Yes ☐ No

Select Days per Week:

- ☐ 2 Day (Tue & Thurs)
☐ 3 Day (Mon, Wed & Fri)
☐ 5 Day (Mon thru Fri)

Select Pick Up Time:

- ☐ 12:30pm
☐ 2:30pm
☐ 3:30pm
☐ 4:30pm
☐ 5:15pm

Select Drop Off Time:

- ☐ 8:30am ☐ 7:15am (Before Care)

I understand that if the schedule that I have chosen is full, I will be placed on a waiting list. I understand that Four Seasons Childcare & Preschool reserves the right to cancel any program with written notice to the parents involved. I understand that an emergency contact form must be on file when my child begins school and will be updated every six months while my child is enrolled. I understand that a current health assessment must be on file when my child begins school. (FSCP requires 12-, 18-, 24-, 36-, & 48-month health assessments)

Services are provided and admissions are made without regard to race, color, religious creed, ancestry, gender, disability, or national origin.

Please read thoroughly and initial the following:

I understand that all changes must be submitted in writing within 60 days of the change request. I understand that all _____ changes are subject to a fee per child, per change.

I understand that my deposit, registration fees and tuition payments are non-refundable or will not be credited towards _____ another account.

_____ I understand that there is only ONE PICK UP time and ONE DROP OFF time per child.

_____ I understand that all tuitions paid are NOT refundable.

Please read thoroughly and initial the following: Name of Child: _____ | Today's Date: _____

_____ I understand that changes or withdrawals require 60 days' notice in writing. I understand that schedule changes are not guaranteed and are only doable if ratio allows. Changes are subject to a fee.

_____ I understand the tuition amount is a yearly tuition amount that is broken down into 10 or 12 equal monthly payments.

_____ I understand that the monthly payments made do not reflect care for that month.

_____ I understand that in the event of any unforeseen/uncontrollable disaster/emergency, I am responsible to fulfill my financial tuition obligation. I understand that to secure my child(ren)'s future spot at Four Seasons, I am responsible to make my tuition payment as agreed in my Tuition Agreement.

_____ I understand that it is my obligation to review the Parent Handbook/Policies on a regular basis.

Parent Signature: _____ Date: _____

Force Majeure:

In the event of any failure or delay in the school's performance resulting from causes beyond the school's reasonable control and occurring without its fault or negligence, including without limitation, acts of God, fire, pandemic, epidemic, government restrictions, wars, threats or acts of terrorism and insurrections, health, weather, or facility maintenance, the tuition obligations under Four Seasons state required tuition Agreement shall continue, and the school shall not be liable for any such failure or delay in its performance.

I have read and understand the Force Majeure statement above.

Parent Signature: _____ Date: _____

Please do not leave any area blank. Fill in N/A if not applicable.

Medical/Dietary/Allergy Info:

Special accommodations or services requested:

Special Accommodations/Services to be provided during school day:

Parent Signature: _____ Date: _____

Referring Family: _____

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FourSeasons-Front@outlook.com