

Four Seasons Childcare & Preschool
433 Lyceum Avenue
Philadelphia, PA 19128
(215) 483-5688 Fax (215) 483-6250
FourSeasons-Director@outlook.com
FourSeasons-Front@outlook.com



Office Use Only	
Date: _____	50% PD: _____
	100% PD: _____
Summer Fees PD: _____	
Cash or Ck # _____	Fees PD: _____
Total Paid: _____	Bal Due: _____

Name of Child: _____ Date of Birth: _____ M F

Address: _____

City/State/Zip: _____

INFORMATION Mother <input type="checkbox"/> : Parent <input type="checkbox"/> : Stepparent <input type="checkbox"/> : Guardian <input type="checkbox"/>	INFORMATION Father <input type="checkbox"/> : Parent <input type="checkbox"/> : Stepparent <input type="checkbox"/> : Guardian <input type="checkbox"/>
Name:	Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Place of Employment:	Place of Employment:
Employer Address:	Employer Address:
Employer Phone:	Employer Phone:
Email:	Email:

Select Appropriate Age Groups Pre-K Three Year Old Two Year Old One Year Old Infant

Please select 10 or 12 month program (Must Select One): 10 Month 12 Month

Children must turn 4 (PreK), 3 (Three Year Old, **fully potty trained**), 2 (Two Year Old), 1 (One Year Old), Infants must be 6 months before **September 1st of the admission year** for the above class.

*****INFANTS MUST BE COMFORTABLE DRINKING FROM A BOTTLE AND SLEEP IN A CRIB/PACK-AND-PLAY*****

Please indicate your arrival and departure times for each day.
Only one pick up and one drop off time can be selected.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival Time:	Arrival Time:	Arrival Time:	Arrival Time:	Arrival Time:
Pick-Up Time:	Pick-Up Time:	Pick-Up Time:	Pick-Up Time:	Pick-Up Time:

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

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 a current health assessment and emergency contact form must be on file when my child begins school and will be updated every six months while my child is enrolled.

Please initial the following:

- _____ I understand that all changes must be submitted in writing within 60 days of completing my registration paperwork and that no changes will be granted after that date. I understand that all changes are subject to a \$25 fee per child, per change.
- _____ I understand that my deposit, registration fees and first tuition are non-refundable or will not be credited.
- _____ I understand that there is only ONE PICK UP time and ONE DROP OFF time.
- _____ I understand that all tuitions paid are NOT refundable

REFERRING FSCP FAMILY NAME: _____

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Please initial the following:

- _____ I understand that changes or withdraws require 60 days-notice in writing. I understand that schedule changes are not guaranteed and are only doable if ratio allows. Changes require a \$25 fee.
- _____ I understand that my tuition amount is a yearly tuition amount that is broken down into 10 or 12 equal monthly payments. I understand that the payments 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 in order 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.

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, 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

Please Do Not Leave blank. Fill in N/A if not applicable:

Medical/Dietary/Allergy Info:

Special disabilities or services:

Services to be provided during school day:

Accommodations requested:

Parent Signature: _____ Date: _____

REFERRING FSCP FAMILY NAME: _____