

PLAYGROU**P** for TWO's REGISTRATION APPLICATION

447 Keswick Avenue
Glenside, Pa 19038
215-887-2289



| CHILD'S INFORMATION | | |
|--|----------------|------------------------|
| Child's Name: | Birthdate: | Phone: |
| Address: | City, State: | Zip: |
| PARENTS' INFORMATION | | |
| Father's Name: | Daytime Phone: | |
| Mother's Name | Daytime Phone: | |
| Contact email address: | | |
| MEDICAL INFORMATION | | |
| Doctor's Name: | Address: | Phone: |
| Is there any medical information that we should know about your child? | | |
| EMERGENCY CONTACTS (2) -- If Parents are Unavailable | | |
| Name: | Phone: | Relationship to Child: |
| Address: | | |
| Name: | Phone: | Relationship to Child: |
| Address: | | |
| Please check the program you are interested in: | | |
| <input type="checkbox"/> 1 Day per week - \$80.00/month (payable September 1, 2023 thru May 1, 2024) | | |
| <input type="checkbox"/> 2 Days per week - \$145.00/month (payable September 1, 2023 thru May 1, 2024) | | |
| A non-refundable registration fee of \$35 is due upon submittal of Registration. | | |
| _____ Signature of Parent or Guardian | | _____ Date |