



Swarthmore Friends Nursery School

2024- 2025 Kindergarten Enrichment Application

12 Whittier Place Swarthmore, PA 19081 | 610-328-8584 | sfns@swarthmore.edu

Child's Name _____ Nickname _____

Birthdate (mm/dd/yy) _____ Gender _____

Address _____

Home School: _____

Language(s) spoken at home _____

Child is:

<input type="checkbox"/>	Returning SFNS student/Part of an alumni Family
<input type="checkbox"/>	Member of Swarthmore Quaker Meeting
<input type="checkbox"/>	Child of Swarthmore College Faculty/Staff
<input type="checkbox"/>	New to SFNS

Program desired (please check):

Please indicate your desired AM or PM placement at SFNS. Space is limited, and enrollment will be determined by lottery if necessary. We understand that school districts do not provide their placement data until after SFNS enrollment begins. We will do our best to accommodate changes as they arise but **cannot** guarantee that changes between AM and PM placement will be possible.

AM Kindergarten Enrichment

AM 3 Days T/W/TH	<input type="checkbox"/>	\$3550/yearly or \$355/monthly
AM 5 Days	<input type="checkbox"/>	\$5175/yearly or \$517.50/monthly

PM Kindergarten Enrichment

PM 3 Days T/W/TH	<input type="checkbox"/>	\$3550/yearly or \$355/monthly
PM 5 Days	<input type="checkbox"/>	\$5175/yearly or \$517.50/monthly

Additional Options (add on programming for AM classes):

Early Bird Drop Off (limited space available)		
8:30 AM Drop off		
# Days per week Circle desired day(s)	Yearly cost	Cost per payment
1 Day M T W Th F	\$590	\$59
2 Days M T W Th F	\$640	\$64
3 Days M T W Th F	\$690	\$69
4 Days M T W Th F	\$740	\$74
5 Days	\$790	\$79

Family Information

Parent/Guardian:	Parent/Guardian:
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Email: _____	Email: _____
Mobile: _____	Mobile: _____
Occupation: _____	Occupation: _____

Others in household (please list names, relationship, any SFNS alumni):

Emergency Contacts:

In case a parent cannot be reached, please provide contact details for an authorized person to pick up your child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Pediatrician: _____ Phone: _____

In case of an ambulance emergency, we will call 911.

To help us best serve your child, please answer the following questions:

Does your child have an IEP/IFSP? Yes No

Has your child had Early Intervention services of any kind? Yes No

Does your child have any allergies or physical limitations? Yes No

If you answered "yes" to any of the above questions, please elaborate below:

\$50 non-refundable registration fee is due with application. First payment (1 of 10) is due by August 1st (remainder of tuition is paid monthly throughout the school year). Make checks payable to Swarthmore Friends Nursery School. We offer a 5% multi-child discount. A 3% paid in full discount is available if the annual tuition is paid in full by Parent Night in September. Monthly bills will not be sent: (a tuition booklet will be provided in September). Payments received more than 7 days after the monthly due date will be assessed a **\$50 late payment fee**. Since the budget of the school has been established based on a full year's enrollment, it is to be understood that the parents' financial commitment is for the entire school year and that the tuition fees are not refundable except upon approval of the Board.

Parent Signatures: _____

Office Use Only
Rec'd: _____ Time: _____ Deposit: _____