

**Heritage School  
2019 – 2020 Kindergarten Application**

Rec'd \_\_\_\_\_  
Check # \_\_\_\_\_

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ M \_\_\_ F \_\_\_

Date of birth \_\_\_\_\_ Preferred Name (if not first name) \_\_\_\_\_ Enrolled Siblings \_\_\_\_\_

Previous preschool experience \_\_\_\_\_ Contact Phone: \_\_\_\_\_

School District: \_\_\_\_\_ Ethnic Background (optional) \_\_\_\_\_

Please indicate any special needs/developmental concerns: \_\_\_\_\_

\_\_\_\_\_

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Kindergarten Program – Age 5 by September 30, 2019 - Testing Required  
Admittance based on developmental screening and teacher recommendation.

Class meets 3 half days and 2 full days  
Monday/Wednesday/Friday 9:00AM – 11:45AM  
Tuesday/Thursday 9:00AM – 2:30PM

Kindergarten Enrichment Class      Wednesdays 12:00PM – 2:30PM

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PARENT/GUARDIAN INFORMATION

- Please use your mailing address:

Mother's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Employer : \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Father's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is there any additional information you would like to share at this time as we consider your child's placement: \_\_\_\_\_

\_\_\_\_\_

**CHURCH INFORMATION**

Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

Would you like information on Church of the Saviour? \_\_\_\_\_

How did you hear about **Heritage School**? \_\_\_\_\_

**Registration Fee** – \$75.00 (non-refundable)

**Commitment Credit** – A non refundable commitment credit of \$200.00 is **due at Registration**. This Kindergarten non-refundable credit will be applied towards tuition if the student remains enrolled at Heritage School.

**Total Amount Due at Registration \$275.00**

**Tax Deductible donation to Heritage School** (Receipt will be provided)

Financial Aid Fund \_\_\_\_\_

Opt-out of sibling discount

General Gift \_\_\_\_\_

Checks are payable to: Heritage School, 651 North Wayne Ave., Wayne, PA 19087

Questions? (610) 688-6342, or (610) 688-6338, ext. 235.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FACTS Fees**—Heritage School employs FACTS Management Company to process all tuition and incidental program billing. FACTS charges each family an Annual Enrollment Fee.

Heritage School admits students of any race, color and national or ethnic origin. If screening determines that the student is developmentally ready, the student will be accepted into Heritage School subject to a trial period of two months to determine his/her capacity to benefit from the program.