

Keystone College

CHILDREN'S CENTER

Application for Admission – Preschool Program for 3 to 5 year olds

Today's Date _____

Child's Name _____ Nickname _____

Age on September 1 _____ Sex _____ Date of Birth _____

Address _____

School district in which your child resides _____

1. Name of Parent _____

Parent is (check one): _____ Keystone College student _____ Keystone College Employee
_____ Keystone College graduate _____ Not affiliated with Keystone College

Email Address _____ Phone Number _____

Cell Phone _____

2. Name of Parent _____

Parent is (check one): _____ Keystone College student _____ Keystone College Employee
_____ Keystone College graduate _____ Not affiliated with Keystone College

Email Address _____ Phone Number _____

Cell Phone _____



Enrollment priority is given to Keystone College employees as well as children attending full-day, 5 days per week.

I am interested in enrolling my child in the following session(s):

(part day is only available from September-June)

PART DAY PROGRAM (9:00 am-11:30 am)

2 days – Tuesday/Thursday _____ AM

3 days – Monday/Wednesday/Friday _____

5 days – Monday/Tuesday/Wednesday/Thursday/Friday _____

FULL-DAY PROGRAM (7:45 am to 5 pm daily)

2 days – Tuesday/Thursday _____

3 days – Monday/Wednesday/Friday _____

5 days – Monday/Tuesday/Wednesday/Thursday/Friday _____

Signature of parent or guardian _____ Date _____

Return this form and non-refundable \$60 application fee (check or money order payable to "Keystone College") to:
Keystone College Children's Center, One College Green, La Plume, PA 18440-1099.