



The Wetherill School
Wonder. Discover. Grow.

1321 Beaumont Drive Gladwyne, PA 19035
TEL 610-649-2299 FAX 610-649-2298
info@wetherillschool.org

2019– 2020 APPLICATION FORM

FOR OFFICE USE ONLY
Date received _____
Payment received _____
Check # _____
Amount _____
Date enrolled _____
Notes: _____

Date: _____

Child's Name: _____

M OR F (please circle)

Nickname: _____ Date of Birth: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Mother's Name (Mrs. Dr. Ms.): _____

Father's Name (Mr. Dr.): _____

Referred By: _____

Proposed Date of Entrance: _____

Previous School (if any): _____

Program Desired:

- | | |
|--|---|
| <input type="checkbox"/> Three Mornings (3's) T W TH | <input type="checkbox"/> Five Mornings (3's/4's) |
| <input type="checkbox"/> Five Mornings & 2 PMs (4's) T TH | <input type="checkbox"/> Five Mornings & 3 PMs T W TH |
| <input type="checkbox"/> Full Day Kindergarten (5's) 5 Full Days | <input type="checkbox"/> 5 Afternoons Kindergarten Enrichment |

A \$50 non-refundable fee must accompany the Application.