



The Wetherill School
Wonder. Discover. Grow.

1321 Beaumont Drive, Gladwyne, PA 19035
TEL 610-649-2299 FAX 610-649-2298

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

2021 – 2022 APPLICATION FORM

Date: _____

Child's Name: _____

Gender: _____

Nickname: _____

Date of Birth: _____

Address: _____

Phone: _____

Cell: _____

Email: _____

Parent's Name and Preferred Honorific: e.g. Mr. Mrs. Dr. Ms. (& preferred pronouns):

Parent's Name and Preferred Honorific: e.g. Mr. Mrs. Dr. Ms. (& preferred pronouns):

Referred By: _____

Proposed Date of Entrance: _____

Previous School (if any): _____

If applying for Afternoon kindergarten, note school where child will attend AM kindergarten:

Program Desired:

- Three Mornings (3-year-olds)
- Five Mornings (3-year-olds/4-year-olds)
- Five Mornings & 3 PMs (4-year-olds only)
- Five Mornings & 5 PMs (4-year-olds only)
- Full Day Kindergarten (5-year-olds) 5 full days
- 5 Afternoon Kindergarten Enrichment

**A \$50 non-refundable fee must accompany the application, check payable to
The Wetherill School.**