

**CHARLESTOWN PLAYHOUSE**

2478 Charlestown Rd.~Phoenixville, PA~19460

**APPLICATION FOR ENROLLMENT**

Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

(last)

(first)

(middle)

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
(month / day / year) (M/F)Sibling of current Playschool student? *(Please circle)* Yes (Name: \_\_\_\_\_) No

Township of Residence \_\_\_\_\_ School District \_\_\_\_\_

**Parent/Guardian Information****Parent 1** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail (**Please PRINT**) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name/Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

**Parent 2** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail (**Please PRINT**) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name/Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear of Charlestown Playhouse? \_\_\_\_\_

Signature \_\_\_\_\_

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Office use only: visit \_\_\_\_\_ placement \_\_\_\_\_

acceptance \_\_\_\_\_ registration fee \_\_\_\_\_