



charlestown playhouse

### 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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**Charlestown Playhouse, Inc.~2478 Charlestown Rd.~Phoenixville, PA~19460**

Office use only: visit \_\_\_\_\_ placement \_\_\_\_\_  
acceptance \_\_\_\_\_ registration fee \_\_\_\_\_