

Registration Form

____ Pre-Primary ____ Primary ____ Junior ____ Kindergarten

Child's Name: _____ **Date of Birth:** _____

Street Address: _____

Town: _____ Zip: _____

Parent's Name: _____ Home #: _____

Employer: _____

Business Address: _____

Email: _____ Cell #: _____

Parent's Name: _____ Home #: _____

Employer: _____

Business Address: _____

Email: _____ Cell #: _____

Pediatrician: _____ Phone: _____

DEPOSIT:

Due with this registration is a non-refundable deposit of \$1500.00 which will be credited towards tuition. Please make checks payable to The Gateway School. The Gateway Scholarship Fund is available for qualifying families.

RIGHTS RESERVED:

The teaching staff reserves the right to place your child in the group for which he or she is best suited. Please note there will be no tuition reduction made for absences.

EQUAL OPPORTUNITY:

Gateway is a non-denominational non-profit organization licensed by the state Board of Private Schools and the State of Pennsylvania. We are proud to be an equal opportunity care provider.

Parent Signature _____

Date _____

Parent Signature _____

Date _____