



Dear Chatham Park families,

Montgomery Early Learning Centers (MELC) would like to help with your Before and After Care needs for your children. Utilizing our Wynnewood Center located at 230 Haverford Road and providing transportation, we are formally gauging family interest.

Included is our application form. If you are interested in our program for the 2018-2019 School Year, please complete the form and submit it to HaverfordSD@melc.org or mail it to MELC – Haverford SD, 230 Haverford Road, Wynnewood, PA 19096 by April 20, 2018. Based on submitted applications, we will then be able to confirm the program for next year. (The \$25 application fee is waived while we gauge interest).

Below is general information about our program:

- MELC has 50+ years of experience and is a regional high quality early childhood education and school program provider. Additional information can be found at www.melc.org.
- All centers are Keystone STAR 3 or 4 high quality rating.
- All our School Age programs are Nationally Accredited by Council on Accreditation.

- MELC Chatham Park Elementary Before and After Care program details:
 - Before Care Hours: 7 am to 8:15 am, bus leaves promptly at 8:15 am
 - After Care Hours: 3:30 pm to 6 pm
 - Transportation included
 - Care will be provided during scheduled early dismissal, Teacher In-Service days and Winter/Spring Break and is included in the tuition.
Note: Transportation is not offered on Teacher In-Service days and Winter/Spring Break
 - Inclement Weather
 - When the School District is closed, so is our program.
 - When there is a two-hour delay, Before Care opens at 8 am.
 - Weather related early dismissal is dependent on weather conditions.
 - Tuition Rates:
 - Before Care is \$510 per month (\$5,100 annually)
 - After Care is \$360 per month (\$3,600 annually)

Please note that the actual rate for care is comparable to the current School Based program. The difference is due to the transportation charter costs between the elementary school and our program. We are also able to offer care for other Haverford School District Elementary Schools.

If you have any additional questions, please contact Steve Cotilus at 610-658-8601. Thank you!

POST ONLY

By GA
Date 4/2/18

This program is not affiliated with nor
endorsed by the School District of
Haverford Township



Visit us at melc.org

MELC USE ONLY:

Received By: _____	New: <input type="checkbox"/>	Change: <input type="checkbox"/>	Termination: <input type="checkbox"/>
Date Received: _____	Date Effective: _____		

HAVERFORD SCHOOL AGE PROGRAMS

Elementary School:	Grade as of Sept. 2018:	Desired Start Date:	
Child's Name:	Gender:	Birth Date:	
Address Where Child Resides: Street:	City:	State:	Zip:
Child Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please Specify) _____		Primary Language Spoken at Home:	

Parent/Guardian 1 Information			
Name:	Home Phone Number:	Cell Phone Number:	
Email Address:	Employer/Workplace:		
Work Address:			Work Phone Number:
Home Address: Street:	City:	State:	Zip:

Parent/Guardian 2 Information			
Name:	Home Phone Number:	Cell Phone Number:	
Email Address:	Employer/Workplace:		
Work Address:			Work Phone Number:
Home Address: Street:	City:	State:	Zip:

Please check the days needed for each program type. (Minimum of 3 days/week)			
Before School Care Program (7:00am - 8:15am)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
After School Care Program (3:30pm - 6:00pm)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have CCIS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please briefly describe any special needs, disabilities, or allergies of your child. (Continue on back if needed)

Application Fee: \$25 per child at time of Application // Enrollment Fee: \$50 per family at time of Enrollment (Both Application and Enrollment Fees are Non-refundable)	ENROLLMENT FEE IS WAIVED IF A SIBLING IS CURRENTLY ENROLLED. Sibling Name: _____ Program: _____
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MAIL TO: MELC - Haverford SD
230 Haverford Road
Wynnewood, PA 19096

Please be advised that completion of this application is not a guarantee of placement in our program. Once your application has been received, we will notify you if placement for your child is available.

Signature of Parent or Guardian: _____ **Date:** _____