



Administrative Offices
 200 Camp Hill Road · Fort Washington, PA · 19034
 www.playandlearn.com www.mch2learn.org
 215-643-4142 · 215.641.1761

COMMUNITY PARTNER DISCOUNT APPLICATION

Please fill in the information below and return with proof of employment.

Child's Name _____ Date of Birth _____ Entrance Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Please check the center where your child attends:

PLAY & LEARN:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Ardmore | <input type="checkbox"/> Blue Bell | <input type="checkbox"/> Bryn Mawr |
| <input type="checkbox"/> Collegeville | <input type="checkbox"/> Ft Washington: Infant/Toddler | <input type="checkbox"/> Ft Washington: Preschool |
| <input type="checkbox"/> Green Lane | <input type="checkbox"/> Hatboro | <input type="checkbox"/> Lansdale |
| <input type="checkbox"/> Norristown | <input type="checkbox"/> Royersford | |

MONTESSORI CHILDREN'S HOUSE:

- Blue Bell Horsham

Please check your employer:

- | | | |
|---|--|---|
| <input type="checkbox"/> Abington Memorial Hospital | <input type="checkbox"/> Johnson & Johnson | <input type="checkbox"/> Montgomery County |
| <input type="checkbox"/> Pfizer | <input type="checkbox"/> Prudential | <input type="checkbox"/> Wordsworth Academy |

Employee Name _____ Relationship to Child _____ Social Security Number _____

Employer Address _____ Work Phone Number _____ Employer ID (Required) _____

Human Resources Contact _____ Phone Number _____ E-mail Address _____

I understand that in order to receive the Community Partnership discount at Play & Learn and Montessori Children's House, I must provide proof of employment upon enrollment and fill out a Community Partner Verification Form quarterly thereafter (9/1, 12/1, 3/1, 6/1). PROOF OF EMPLOYMENT SHOULD BE A CURRENT PAY STUB FROM MY EMPLOYER (WITH SALARY INFORMATION BLACKED-OUT). The discount will become effective when this application and proof of employment are received by Play & Learn and Montessori Children's House Administrative Office. In order for the discount to remain in effect, I am responsible for submitting quarterly employment verification to Play & Learn. Any interruption in the discount due to lack of verification will not be re-credited. I further acknowledge that if my employment status changes, I must inform Play & Learn and Montessori Children's House and that I will be responsible for payment of full tuition fees commencing with the date of employment termination.

PARENT NAME (please print) _____ PARENT SIGNATURE _____ DATE _____



Play & Learn and Montessori Children's House are non-profit, equal opportunity early education organizations.

