



**STATE COLLEGE  
PRESBYTERIAN  
CHURCH**

Stay and Play Preschool

132 W. Beaver Ave. State College, PA 16801  
(814)237-1154 [stayandplayscpc@gmail.com](mailto:stayandplayscpc@gmail.com)

**Stay and Play Application Form 2021-2022**

**A non-refundable registration fee of \$50 for one / \$75 for 2 or more children, must accompany form.**

**\*\*Make checks payable to SCPC (State College Presbyterian Church)\*\***

**PLEASE PRINT TO COMPLETE FORM**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ (as of Aug. 31, 2021)

Birth Date: \_\_\_\_\_ Sex: M or F Phone Number: \_\_\_\_\_

Parents or Guardians' Names: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (town) (zip)

Email address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Enrollment Preference 2021-2022**

**\*\*Classroom placement is based on age as of Aug. 31, 2021\*\***

**MORNING HOURS: (9:00am – 12:00pm)**

**Tiny Tots (1-2 yrs.) - Room 102**

Offered: **M,W** or **T,TH** @ \$162/month  
**M,W,F** or **T,TH,F** @ \$229/month

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

**Terrific Twos (2-3 yrs.) - Room 100**

Offered: **M,W** or **T,TH** @ \$162/month  
**M,W,F** or **T,TH,F** @ \$229/month

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

**Thrillin' Threes (3-4yrs.) - Room 101**

Offered: **T,TH** @ \$162/month  
**M,W,F** @ \$229/month  
**M,T,W,TH,F** @ \$363/month

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

**Fabulous/Rainbow Fours (4-5yrs.) Rms.103&203**

Offered: **T,TH** @ \$162/month  
**M,W,F** @ \$229/month  
**M,T,W,TH,F** @ \$363/month

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

**EARLY MORNING DROP OFF: (Requesting early morning drop off beginning at 8:30am)**

\$26/month for two days/week; \$37/month for three days/week; \$59/month for five days/week

Please circle the days you request: M T W TH F

**ADVENTURE AFTERNOONS: (For ages 3 yrs. & up -12:00 noon – 2:45pm)**

Requesting permanent Adventure Afternoons for \$15/day on the following days:

Please circle the days you request: M T W TH F

**Check all that apply:**

Returning with no change to days attending: \_\_\_\_\_ Sibling in the Program: \_\_\_\_\_

SCPC church member: \_\_\_\_\_ Child/Sibling is S&P Alum (Alum name): \_\_\_\_\_

New Family to Stay & Play: \_\_\_\_\_ \*If new, how did you hear about us? \_\_\_\_\_

Office use: Check # \_\_\_\_\_ Check total \_\_\_\_\_ Date Rcvd \_\_\_\_\_ Sib: Y N