

# Application Form



Name of child \_\_\_\_\_ Birthdate/Due Date \_\_\_\_\_ M / F (please circle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home address, if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

### Requested Schedule

Ideal Start Date (We can not guarantee this date): \_\_\_\_\_

FULL-TIME     PART-TIME (please circle desired days): M T W TH F (2 day minimum)

### Requested Program: (Choose One)

#### DAY CARE PROGRAMS

#### SCHOOL-AGE PROGRAMS

School \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

FULL-DAY

AFTER SCHOOL CARE (includes holiday care)

HOLIDAY CARE

HALF-DAY  
(ages 3 to 5 only)

SUMMER CAMP (information packet will be mailed)

**Optional:** My child is receiving early intervention services or has an IEP: Yes \_\_\_\_\_ No \_\_\_\_\_

My family's home language is: \_\_\_\_\_ A translator would be helpful: Yes \_\_\_ No \_\_\_

An application fee of \$35 is required in order to be placed on our waitlist. When offered enrollment, families must place a tuition deposit to guarantee a space. The tuition deposit is \$750 for the full-day program, \$350 for half-day program, and \$250 for the After School program. A deposit is not required for holiday care. Families with more than one child enrolled at PIC pay the full deposit for their youngest child and 1/2 of the usual deposit for each additional child enrolled in the Center. If your plans change and you notify us in writing **at least 30 days** before the indicated enrollment date, we will change the date of enrollment or refund your tuition deposit. The tuition deposit is held in an escrow account while your family is attending PIC and is fully refundable when your family leaves the Center.

Please make checks payable to: The Parent-Infant Center  
Mail to: 4205 Spruce Street, Philadelphia, PA 19104 ATTN: Enrollment Coordinator

I have enclosed a \$35 application fee. I understand that this application fee is non-refundable and secures a spot on the wait list, but it does not guarantee my child a space at the Parent-Infant Center.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_