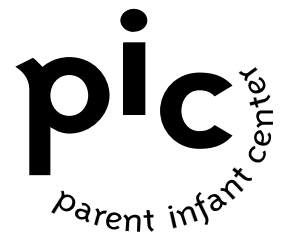


School-Age Application Form

After School Center and Summer Camp



Name of child _____ Birthdate _____ Gender _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Relationship to child _____

Home address, if different _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ E-mail _____

Employer/ School _____ Occupation _____ Work phone _____

Parent/Guardian _____ Relationship to child _____

Home address, if different _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ E-mail _____

Employer/ School _____ Occupation _____ Work phone _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Domestic Partner ___ Other: _____

My child is enrolling in: ___ After School Center only ___ Summer Camp only (Stop Here! Complete application on back) ___ Both

My child is a continuing ASC student (grade in Fall 2017): _____ (no application fee if renewing)

Circle desired Afterschool schedule: M T W TH F (three-day minimum)

Ideal Start Date (PIC will do its best to accommodate, but cannot guarantee, this date) _____

My child will need: WALKING PICK UP FROM: _____ **TRANSPORTATION FROM:** _____
___ Penn Alexander School ___ Greenfield School (van) ___ St Francis de Sales (van)
___ Lea School ___ Powel School (van) ___ Independence Charter School West (van)

___ I will arrange transportation: _____
(name and address of school)

___ I am enrolling my child in the Holiday Care program ONLY (full-day care on school holidays)

PAYMENT (circle one): Private pay tuition CCIS (subsidized)

(Optional) My child is receiving early intervention services or has an IEP: Yes _____ No _____

(Optional) My family's home language is: _____ A translator would be helpful: Yes ___ No ___

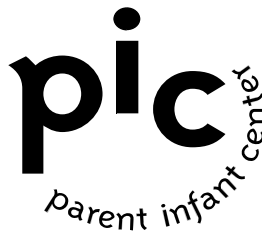
(Optional) My child's ethnicity is _____

The application fee of \$35 is required of all new applicants to ensure a spot on the waitlist. When offered enrollment, a tuition deposit of \$250 is required. A deposit is not required for holiday care. If your plans change, and if you notify PIC in writing **at least 60 days** before the indicated enrollment date, PIC will change the date of enrollment or refund your tuition deposit.

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 for the After School Center. 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 _____



Summer Camp Enrollment Application Form 2017

Name of child _____

Birthdate _____

Summer camp T-shirt included with camp registration. **Please circle size:** S / M / L / XL (circle) **Grade in Fall 2017:** _____

Please check **all weeks** your camper will attend. (one session = both weeks except session 1)

| Session | Theme | Week 1 | Week 2 | Single Week Rate | Session Rate |
|---------|---------------------------|-------------|-------------|------------------|--------------|
| 1 | Welcome to Adventureland! | 6/26 - 6/30 | none | \$300.00 | \$300.00 |
| 2 | Fun and Fitness | 7/3 - 7/7 | 7/10 - 7/14 | \$300.00 | \$520.00 |
| 3 | Wind and Water | 7/17 - 7/21 | 7/24 - 7/28 | \$300.00 | \$520.00 |
| 4 | Shining Stars | 7/31 - 8/4 | 8/7 - 8/11 | \$300.00 | \$520.00 |
| 5 | Mysteries and Riddles | 8/14 - 8/18 | 8/21 - 8/25 | \$300.00 | \$520.00 |

The application fee of \$35 and the tuition Deposit of \$520 (total: \$555) must accompany this Enrollment Application Form.

The tuition deposit is applied to your child's last session of camp.

- Cash
- Check # _____
- Credit Card: PIC accepts Mastercard, VISA, and debit cards (Credit cards have a 2% surcharge) *Contact Accounts Manager Safia Abdullah for details (215-222-5480).*
- check if you have CCIS; (Please note that PIC MUST hear directly from CCIS before camp begins.)

PLEASE CHECK THE STATEMENTS AND SIGN BELOW:

____ I understand that payment is due for each session two weeks before the first day of the session.
(initial)

____ I understand that if I cancel registration before April 28, 2017, all tuition payments will be returned. If I withdraw
(initial)
before May 12, 2017, I will receive a 75% refund; if I withdraw by May 26, 2016, I will receive a 50% refund. **I understand that there are no refunds after May 26, 2017, and that Application fees are not refundable. I understand that if I want to switch sessions or weeks after May 26, this may be done only if space is available. I understand that payment is required for all sessions reserved, even if my child does not attend.**

I have enclosed a \$35 application fee along with the \$520 deposit. 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: _____