

After School Care Application Form



Name of child _____ Birthdate _____ 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): _____

Desired schedule: (please circle desired days): M T W TH F (3 day minimum)

SCHOOL-AGE PROGRAMS

School _____ Grade in Sept. _____

AFTER SCHOOL CARE (includes holiday care)

HOLIDAY CARE ONLY

WALKING PICK UP FROM:

___ Penn Alexander School

___ Lea School

MY CHILD WILL NEED TRANSPORTATION FROM

___ Greenfield School (van)

___ Powel School (van)

___ MYA School (van)

OTHER SCHOOL (I will arrange transportation for my child)

PAYMENT PRIVATE PAY CCIS

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 ___

Ethnicity: _____ Referral Source: _____

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 \$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 60 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. *This application is for After School only. Summer Camp applications are available separately.*

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 _____