

# The Caring Center

3101 Spring Garden Street  
Philadelphia, Pa 19104  
(215) 386 - 8245  
(215) 386 8252 Fax



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

## APPLICATION FOR ENROLLMENT

**PLEASE NOTE:** *A one time, non-refundable application fee of \$50 should accompany this application. Please make checks payable to The Caring Center.*

<b>CHILD/REN'S NAME (S)</b>	<b>BIRTHDATE (S)/DUE DATE</b>	<b>DAYS &amp; HOURS CARE IS NEEDED</b>
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**PARENTS OR GUARDIANS** – *Please print the names, social security number, addresses and both business and home phone numbers of parents or guardians*

Guardian 1: \_\_\_\_\_ SS# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ Home # ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ SS# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ Home # ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date by which you would like enrollment to begin: \_\_\_\_\_

How did you learn about The Caring Center? Please be as specific as you can. Thank you.

Bell Yellow Pages \_\_\_\_\_ Newspaper (which) \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Please return this form to the Receptionist's Desk or mail it to The Caring Center along with your \$50 deposit. Waiting list priorities will be established by date of receipt of this application.

Services are provided without regard to race, color, religious creed, ancestry, sex, mental or physical disability, age or national origin.