



APPLICATION FOR ENROLLMENT

Date: _____

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

CHILD/REN'S NAME (S)	BIRTHDATE (S)/DUE DATE	DAYS & HOURS CARE IS NEEDED
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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.

Internet/Web _____ CCIS _____ School District of Phila. _____

Univ. of Penn: Staff _____ Faculty _____ CHOP _____ Health Systems _____

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.

For Office Use Only:

Payment: \$ _____ Check Number: _____ Staff Initials: _____

Waitlist: Yes No **Acknowledgement Sent:** Yes No