



3101 Spring Garden Street
 Philadelphia, PA 19104
 Phone 215-386-8245
 Fax 215-386-8252
 www.thecaringcenter.org

ENROLLMENT APPLICATION

Date: _____

PLEASE NOTE: *A onetime, non-refundable application fee of \$60 should accompany this application. Please make checks payable to The Caring Center.*

CHILD/REN'S NAME(S)	GENDER	DOB/DUE DATE	DAYS & HOURS CARE IS NEEDED
_____	_____	_____	_____
_____	_____	_____	_____

PARENTS / GUARDIANS - *Please print the names, addresses and both business and home phone numbers of parents or guardians*

Guardian 1: _____ Home # () _____
 Address: _____ Work # () _____
 _____ Zip _____ Cell # () _____
 Email Address: _____

Guardian 2: _____ Home # () _____
 Address: _____ Work # () _____
 _____ Zip _____ Cell # () _____
 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.

Friends/Family _____ Website _____

Other: _____

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

For Office Use Only:		
Payment: \$ _____	Check Number: _____	Staff Initials: _____
Waitlist: Yes No	Acknowledgement Sent: Yes No	

The Caring Center is Accredited by the National Association for the Education of Young Children Services are provided without regard to race, color, religious creed, ancestry, sex, mental or physical disability, age or national origin.

