

APPLICATION FOR CHILD CARE SERVICES
CHILD DAY CARE CENTERS-GROUP DAY CARE HOMES-FAMILY DAY CARE HOMES

DATE OF APPLICATION:

NAME OF CHILD: BIRTHDATE:

ADDRESS:

MOTHER'S NAME - OR LEGAL GUARDIAN:

FATHER'S NAME - OR LEGAL GUARDIAN:

MOTHER'S HOME ADDRESS: TELEPHONE NO. HOME & CELL:

EMAIL ADDRESS:

FATHER'S HOME ADDRESS: TELEPHONE NO. HOME & CELL:

EMAIL ADDRESS;

MOTHER'S BUSINESS ADDRESS TELEPHONE NO. BUSINESS:

FATHER'S BUSINESS ADDRESS TELEPHONE NO. BUSINESS:

NAME AND ADDRESS OF PERSON TO BE CONTACTED IN EMERGENCY IF PARENTS ARE NOT AVAILABLE:

TELEPHONE NO.:

NAME AND ADDRESS OF CHILD'S PHYSICIAN OR SOURCE OF MEDICAL CARE & TELEPHONE NO.:

SPECIALY DISABILITY – IF ANY

ANY SPECIAL MEDICAL OR DIETARY INFORMATION NECESSARY FOR MANAGEMENT IN AN EMERGENCY SITUATION –ALLERGIES, MEDICATIONS, SPECIAL CONDITIONS

ANY ADDITIONAL INFORMATION ON SPECIAL NEEDS OF THE CHILD

HEALTH INSURANCE COVERAGE FOR CHILD UNDER FAMILY INSURANCE POLICY OR MEDICAL ASSISTANCE BENEFITS, IF APPLICABLE

SIGNATURE OF PARENT OR GUARDIAN:

PLEASE RETURN COMPLETED FORM AND REGISTRATION FEE TO:

ST. PAUL CHRISTIAN EARLY LEARNING CENTER
200 W. ORANGE STREET
LITITZ, PA 17543
(717) 627-0900



REGISTRATION FEE IS \$75.00. CHECKS MAY BE MADE PAYABLE TO: ST. PAUL CELC