

Early Learning Application



Application for Child #1

Name of child Birthdate/Due Date Gender

Address

City State Zip

Parent/Guardian Relationship to child

Home address, if different

City State Zip

Home phone Cell phone E-mail

Employer/ School Occupation Work phone

Parent/Guardian Relationship to child

Home address, if different

City State Zip

Home phone Cell phone E-mail

Employer/ School Occupation Work phone

Marital Status: Single Married Separated Divorced Domestic Partner Other: _____

REQUESTED SCHEDULE Ideal Start Date (We cannot guarantee this date): _____

FULL TIME (8am-6pm) PART TIME (8am-6pm) Please circle desired days: M T W TH F (3 day minimum)

PART DAY 8am-2pm (please circle desired days): M T W TH F (3 day minimum) *must be 3 by September

PAYMENT PRIVATE PAY Pre-K Counts (8am-2pm/part-year: September - June)

CCIS Pre-K Counts (8am-6pm/part-year: September - June)*

OTHER _____ Pre-K Counts (8am-6pm/full-year)*

*Additional fees apply.

ADDITIONAL INFORMATION: 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 ___

Race/Ethnicity: _____ Referral Source: _____

I/we have a sibling application on file: Yes. Name of child: _____

No, I/we would like to apply for another child (see pg 2.)

Application for Child #2

Name of child

Birthdate/Due Date

Gender

REQUESTED SCHEDULE

Ideal Start Date (We cannot guarantee this date):

FULL TIME (8am-6pm) PART TIME (8am-6pm) Please circle desired days: M T W TH F (3 day minimum)

PART DAY 8am-2pm (please circle desired days): M T W TH F (3 day minimum) *must be 3 by September

PROGRAM Infant (6 weeks – 24 months) Toddler (24 months – 3 years) Preschool (3-5 years)

PAYMENT PRIVATE PAY Pre-K Counts (8am-2pm/part-year: September - June)

CCIS Pre-K Counts (8am-6pm/part-year: September - June)*

OTHER _____ Pre-K Counts (8am-6pm/full-year)*

ADDITIONAL INFORMATION: 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 ____

Race/Ethnicity: _____ Referral Source: _____

Application for Child #3

Name of child

Birthdate/Due Date

Gender

REQUESTED SCHEDULE

Ideal Start Date (We cannot guarantee this date):

FULL TIME (8am-6pm) PART TIME (8am-6pm) Please circle desired days: M T W TH F (3 day minimum)

PART DAY 8am-2pm (please circle desired days): M T W TH F (3 day minimum) *must be 3 by September

PROGRAM Infant (6 weeks – 24 months) Toddler (24 months – 3 years) Preschool (3-5 years)

PAYMENT PRIVATE PAY Pre-K Counts (8am-2pm/part-year: September - June)

CCIS Pre-K Counts (8am-6pm/part-year: September - June)*

OTHER _____ Pre-K Counts (8am-6pm/full-year)*

***Additional fees apply.**

ADDITIONAL INFORMATION: 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 ____

Race/Ethnicity: _____ Referral Source: _____

***Additional fees apply.**

An application fee of \$35 is required for *each* child in order to be placed on our waitlist. When offered enrollment, families must place a tuition deposit to guarantee a space. 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. There is no application fee for Pre-K Counts. *This application is for our Early Learning program 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 – Grace Piana

I have enclosed a \$35 application fee per child. 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: