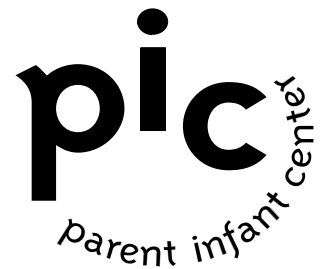


Early Learning Program Infant/Toddler Application



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)

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

PAYMENT PRIVATE PAY CCIS OTHER _____

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)

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

PAYMENT PRIVATE PAY CCIS OTHER _____

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)

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

PAYMENT PRIVATE PAY CCIS OTHER _____

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: _____