



After School and Summer Camp

2020-2021 School-Age Application Form

Name of child _____ Birthdate _____ 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: _____

PAYMENT (circle one): Private pay tuition CCIS (subsidized)

(Optional) My child is receiving early intervention services or has an IEP: Yes _____ No _____

(Optional) My family's home language is: _____ A translator would be helpful: Yes No

(Optional) My child's ethnicity is _____

My child is a continuing ASC student Yes No (no application fee if renewing) **Child's grade in Fall 2020:** _____

Ideal Start Date: (PIC will do its best to accommodate, but cannot guarantee, this date) _____

My child will need to be picked up from: Penn Alexander School Lea School Powel School (van)

My child is enrolling in: After School Center only Holiday Care Program ONLY (full-day care on public school closings)

After School & Summer Camp Desired Afterschool schedule: M T W TH F (three-day minimum)

Summer Camp only (**Stop Here! Complete application on back**)

I will arrange transportation: _____
(name and address of school)

The application fee of \$35 is required of all new applicants to ensure a spot on the waitlist. When offered enrollment, a tuition deposit of \$250 is required. A deposit is not required for holiday care. If your plans change, and if you notify PIC in writing **at least 60 days** before the indicated enrollment date, PIC will change the date of enrollment or refund your tuition deposit.

Please make checks payable to: The Parent-Infant Center
Mail to: 4205 Spruce Street, Philadelphia, PA 19104 ATTN: Enrollment Coordinator

I have enclosed a \$35 application fee for the After School Center. 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: _____



2020 Summer Camp Enrollment Application Form

Name of child _____

Birthdate _____

Gender _____

Summer camp T-shirt included with camp registration. **Please circle size:** S / M / L / XL (circle) **Grade in Fall 2020:** _____

Please check **all weeks** your camper will attend.

Week	Theme	Date	Amount
Week 1	Welcome summer	6/22 – 6/26	370
Week 2	Philly Phun!	6/29-7/2	300*
Week 3	Arts Galore	7/6 - 7/10	370
Week 4	Mad Scientist Symposium	7/13-7/17	370
Week 5	Splish, Splash & Dash	7/20-7/24	370
Week 6	Game Expo	7/27-7/31	370
Week 7	Moovin' & Groovin'	8/3-8/7	370
Week 8	Song & Dance	8/10-8/14	370
Week 9	Chase your Dream	8/17-8/21	370
Total for 9 weeks			\$3260
Earn \$310 discount by enrolling for all nine weeks of camp, and paying in full by March 30, 2020.** Discount total \$2950 for nine weeks.			

* Prorated for shortened week due to PIC closing for holiday.

** Discount applies to families enrolling in ALL 9 weeks of summer camp and paying in full by 3/30/20. Discount is not applicable to families receiving subsidy (CCIS/PIC Tuition Assistance).

Priority enrollment is given to PIC families until March 13, 2020. All other applications will be reviewed after March 16, 2020

There is a two week minimum requirement to enroll at PIC's summer camp program.

Payment Plan	
Tuition must be paid in full by June 1 st	
March 1 st	25%
April 1 st	50%
May 1 st	75%
June 1 st	100 %

PAYMENT

Private pay tuition
 CCIS (subsidized) Please note that PIC MUST hear directly from CCIS before camp.

Tuition must be paid bi-weekly. No exceptions!

- Cash
 Check # _____
 Credit Card: PIC accepts Mastercard, VISA, and debit cards
 (Credit cards have a 2% surcharge)

Total # Weeks Enrolled	
Total due + \$35 application fee	
Total amount paid	

Contact Accounts Manager Safia Abdullah for details (215-222-5480).

PLEASE CHECK THE STATEMENTS AND SIGN BELOW:

____ (initial) I understand that the \$310 discount will only be applied if I enroll my child in **all 9 weeks** of summer camp at the time the application is submitted.

____ (initial) If I cancel registration before April 24, 2020, all tuition payments will be returned. If I withdraw before May 10, 2020, I will receive a 75% refund; if I withdraw by May 22, 2020, I will receive a 50% refund. I understand that there are no refunds after May 22, 2020, and that application fees are non-refundable.

____ (initial) I understand that if I want to switch weeks after May 22, 2020 may be done only if space is available.

____ (initial) **I understand that full payment is required for all sessions reserved by June 1st.**

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Signature: _____

Date: _____