



Today's Date: _____

ENROLLMENT APPLICATION

CHILD'S NAME: _____ DOB: _____ SEX: M / F

PRIMARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER'S NAME: _____

PHONE at WORK: _____ HOME: _____ CELL: _____

MOTHER'S EMAIL: _____

FATHER'S NAME: _____

PHONE at WORK: _____ HOME: _____ CELL: _____

FATHER'S EMAIL: _____

SIBLINGS: NAME: _____ SEX: M / F AGE: _____

NAME: _____ SEX: M / F AGE: _____

NAME: _____ SEX: M / F AGE: _____

SCHEDULE REQUESTED

_____ Full Day
(Five hours or more per day)

_____ Part Day
(Less than five hours per day)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Estimated Drop Off Time: _____

Estimated Pick Up Time: _____

I would like my child to begin: _____

Are you eligible for Child Care Subsidy? Yes or NO

If yes, Case Worker: _____ Case Number: _____

Please return this completed application along with the non-refundable **\$75.00** Registration Fee. Checks should be made out to **Pennridge Christian Academy**. You will be contacted to confirm Enrollment. At the time Enrollment is offered, you will be asked to sign a Contract for Services/Fee Agreement detailing your child's enrollment, tuition, and security deposit information. Your child's enrollment in the program will not be confirmed until the Fee Agreement is signed and all deposits are paid.

OFFICE USE ONLY:

Application Received By: _____ Date: _____

ENROLLMENT:

Classroom: _____ Teacher: _____

Days: _____ FULL TIME PART TIME

Registration Fee Paid: _____ Check # _____ Last Week Escrow Paid: _____ Check # _____