

# APPLICATION FOR ENROLLMENT

## Beacon Center for Children

Tour Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ M or F

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous nursery/child care experience: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
(or legal guardian) (or legal guardian)  
Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Special Disability, if any \_\_\_\_\_

Special medical/dietary information necessary for management in emergency situation;  
allergies, medications, special conditions \_\_\_\_\_

I wish my child to be enrolled in:

\_\_\_\_\_ Full time program  
(5 days) 8-6:00 p.m.

\_\_\_\_\_ Part time program: \_\_\_\_\_ Mon. \_\_\_\_\_ Tues.  
\_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri.

\_\_\_\_\_ 8:00-12:30 p.m. \_\_\_\_\_ 8:00-1:00 p.m.

\_\_\_\_\_ 8:00-3:00 p.m. \_\_\_\_\_ 8:00-6:00 p.m.

\_\_\_\_\_ 1:00-5:00 p.m. Tuesday/Thursday

\_\_\_\_\_ 1:00-6:00 p.m.

Desired Date of Enrollment: \_\_\_\_\_ Signature of Parent \_\_\_\_\_

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Please return application along with application fee of \$50.00 (non-refundable). Make  
check payable to Beacon Center for Children.

Linda M. Burns, Executive Director  
Beacon Center for Children  
2125 Chestnut Street  
Philadelphia, PA 19103

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Date of Receipt of Application \_\_\_\_\_

For Office Use Only

Start Date \_\_\_\_\_