

Beacon Center for Children

APPLICATION FOR ENROLLMENT



Name of Child: _____

Date of Birth: _____ Male Female Tour Date: _____

Address: _____
City State Zip

Previous nursery/child care experience: _____

Parent's Name: _____
(or legal guardian)

Home Address: _____

City State Zip

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent's Name: _____
(or legal guardian)

Home Address: _____

City State Zip

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Learned about us via: Online search Friend Alumni Organization/school
Other: _____

Name of person/organization who referred you: _____

I wish my child to be enrolled in:

Full time program

Part time program

_____ (5 days) 8:00-6:00 p.m.

_____ Mon. 8:00-12:30 p.m. _____

_____ Tues. 8:00-1:00 p.m. _____

_____ Wed. 8:00-3:00 p.m. _____

_____ Thurs. 8:00-6:00 p.m. _____

_____ Fri. 1:00-6:00 p.m. _____

Desired Date of Enrollment: _____ Signature of Parent: _____

Please return application along with application fee of \$50.00 (non-refundable) to:

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

Make check payable to **Beacon Center for Children**.
E-mail acknowledgement will be sent upon receipt of application.

For Office Use Only

	Date	Initials
Receipt of Application		
Receipt of Application Fee		
Email confirmation sent		
Start Date		