



APPLICATION FOR ENROLLMENT  
AFTER SCHOOL PROGRAM



Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Tour Date: \_\_\_\_\_

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

School where child is enrolled: \_\_\_\_\_

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 with the following schedule:**

\_\_\_\_ (5 days) 3:00-6:00 p.m.      \_\_\_\_ Mon. 3:00-6:00 p.m. \_\_\_\_  
 \_\_\_\_ Tues.  
 \_\_\_\_ Wed.  
 \_\_\_\_ Thurs.  
 \_\_\_\_ Fri.

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

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Please return application along with application fee of \$55.00 (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		