



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)

Parent's Name: \_\_\_\_\_  
(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: \_\_\_\_\_

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 \$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		