

Beacon Center for Children

APPLICATION FOR ENROLLMENT: SUMMER CAMP



Name of Child: _____

Date of Birth: _____ Male Female Tour Date: _____

Address: _____
City State Zip

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

Parttime 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**
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		