

CARING BRANCHES EARLY CARE AND EDUCATION CENTER
Formerly St. Paul's Nursery School and Day Care Center
 800 Church Road Oreland, PA 19075
 215-233-4333
New Family Application for Admission

Child's Name: _____ Birth Date: _____ Sex _____

Parent/ Guardian Name _____ Address _____ City _____ State ____ Zip code _____ Telephone _____ Email _____ Occupation _____	Parent/ Guardian Name _____ Address _____ City _____ State ____ Zip code _____ Telephone _____ Email: _____ Occupation _____
<u>Seven (7) Hour Program (9:00am – 4:00pm) for 18 months, 2, 3, 4, and 5 year olds:</u> 2 Days- _____ 3 Days- _____ 4 Days- _____ 5 Days- _____ Monday through Friday	<u>Additional Options: (Extra Fees Apply)</u> Early Drop Off (8:00am – 9:00am) - _____ Extended Pick Up (4:00pm – 5:00pm) - _____ Extra Extended Pick Up (5:00pm – 5:30pm) - _____ <i>When signed up for Options on a monthly basis, rates are discounted over incidental day rates.</i>
If 2, 3, or 4 days a week, which days would be your preference?	Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____
If we offer a summer session, are you interested? Y ____ N ____	

Does your child have a parent(s) that does not live at home? If yes, which parent _____

List all children in the family and their ages _____

Has your child had any previous group experience? _____ Where? _____

What ages are his/her playmates? _____

How is the child's appetite? _____ Any allergies? _____

Does your child have an IEP (Individual Education Plan) or ISP (Individual Service Plan)? _____

Any additional information that will help us understand your child better? _____

By my signature, I acknowledge that CARING BRANCHES EARLY CARE AND EDUCATION CENTER is a Christian institution and that I understand that principles of Christian prayer and faith are part of its curriculum.

Parent Signature: _____ Date _____

Submission of this application with a payment of \$50.00 will put your child on our Wait List. **Caring Branches' registration period is February – June of each calendar year.**

To be completed by Office: Application Fee Paid ____ Date ____ Check # ____ Check Date ____