

Please print or type.



School Age Application for Service

GENERAL INFORMATION

Child's Name _____ Birth Date _____

Home Address _____ Phone Number _____

Email _____

Mother's Name _____ Daytime Phone Number _____

Mother's Business Name & Address _____

Father's Name _____ Daytime Phone Number _____

Father's Business Name & Address _____

SERVICES NEEDED

Table with 5 columns: School Year, Program Option, Choose # of Days, Choose a Program Option, and Choose Days Needed if Consistent Schedule. Rows include School Year and Summer Camp options.

Special medical or dietary needs or disabilities _____

When this form, registration fee, and deposit are received by a representative of the facility, a space is guaranteed to be available on the "Date Services are Needed" or at the start of the program in which you are enrolling.

Parent Signature _____ Date _____



VCDC McCandless 8150 McKnight Road Pittsburgh, PA 15237 412.366.8588

Vincentian Child Discovery Center vincentian.us/child-care jparagi@vcs.org



OFFICE USE Enrollment Fee _____ Check Number _____ Notes: _____