



a children's place learning center  
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[www.facebook.com/achildrensplace](http://www.facebook.com/achildrensplace)  
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## Application for Enrollment of New Children

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names) of Parent (s) or Caregiver (s): \_\_\_\_\_

Parents' or Caregivers' employment: \_\_\_\_\_

Recommended by: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

I would like my child to begin: \_\_\_\_\_

Days per week for enrollment: circle all that apply

Mon.

Tues

Wed

Thurs

Fri

Estimate Drop off Time \_\_\_\_\_ Estimated pick up time \_\_\_\_\_

Are you eligible for Child Care Subsidy? Yes or No

If yes, Case Worker \_\_\_\_\_ Case Number \_\_\_\_\_

A registration fee of \$50.00 per child must accompany this application as well as security deposit equivalent to one weeks tuition to reserve spot for enrollment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:  
Application Received by \_\_\_\_\_ Date \_\_\_\_\_ Registration Fee \_\_\_\_\_  
Security Deposit \_\_\_\_\_

ENROLLMENT:  
Classroom \_\_\_\_\_ Days \_\_\_\_\_ FT PT