

Penn Children's Center  
3160 Chestnut Street, Suite 100  
Philadelphia, PA 19104-6282  
(215) 898-5268

**Application for Short-Term/Temporary Care**

Day(s) your child will attend:

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Date(s) care is required: \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Telephone (include area code) \_\_\_\_\_

Who will be responsible for bringing your child(ren) to the Center?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Time your child(ren) will arrive at the Center \_\_\_\_\_

and depart from the Center \_\_\_\_\_

General health \_\_\_\_\_

Please indicate any allergies, medications, special needs or limitations \_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary need? Food allergies? \_\_\_\_\_

\_\_\_\_\_

Parent #1's Name \_\_\_\_\_

Parent #1's Business Address \_\_\_\_\_

Parent #1's Business Phone Number (include area code) \_\_\_\_\_

Parent #2's Name \_\_\_\_\_

Parent #2's Business Address \_\_\_\_\_

Parent #2's Business Phone Number (include area code) \_\_\_\_\_

If attending an activity on campus, please give the location and telephone number \_\_\_\_\_

\_\_\_\_\_