

## **APPLICATION FOR WAITLIST**

Application Date				Desired date of enrollment													
PLEASE INDICATE YOUR CHOICES BELOW BY CHECKING THE WHITE BOX         Please check off:       5 Days       4 Days       3 Days       2 Days																	
Please check off:					4 Days			3 Days				2 Days					
Number of days Please check off: Mo		nday		Tuesder			Wee	dnesday	dav		Thursday		Friday				
Days of the week		Jiuay		Tues	Tuesday		wet	illesuay	buay		Thursday		Frie		Friua	uay	
CHILD INFORMATION	1:																
Full					Birth		F	Present		0	Famala					Male	
Name					Date			Age	Sex		(	Female				ile	
Full Address													Home Phone				
CHILD'S GENERAL	_ HEALTH have any special physical, medical or dietary needs? Allergies? Please explain briefly.																
Does your child have	ve any sp	ecial phy	sical, med	lical or dieta	ary neo	eds? Allerg	gies?	Please e	explain	briefly	/.						
PARENT #1 INFORMATION																	
Full Name	First							Last									
	Name								Name								
Home Address																	
Home Phone				Work Phone					Cell				Phone				
e-Mail Address			r			O a a sum at											
-	Occupation																
School, Departmen Name	l																
What is your Penn affiliation?	Employee		Student			F		Il time			Part time			None			
PARENT #2 INFORMATION																	
Full Name	First								Last								
Home Address	Name	Name Name															
Home Address																	
Home Phone					Work Phone						Cell Phone						
e-Mail Address								Occupat	ion								
School, Department or Employer Name																	
What is your Penn	What is your Penn Employee		Student		F		Full	ull time		Part t		time			None		
affiliation?	•	-															
Would you like us to mail you information on the limited fee assistance program available to full-time Penn employees? Yes No																	
(Note: Post Docs and UPHS employees are not eligible for fee assistance) THE FOLLOWING INFORMATION IS VOLUNTARY																	
Child's ethnicity:																	
African-American		Asian						Asian/Indian				Caucasian					
Hispanic		Middle Eastern						Other									
How did you hear a	How did you hear about the Penn Children's Center?																
																R	ev. 3/18/11

Please print this form and mail it with your non-refundable application fee of \$25.00 to: Penn Children's Center ◆ Left Bank Commons, Suite 100 ◆ 3160 Chestnut Street ◆ Philadelphia, PA 19104-6282

Your child will not be put on the waiting list until your application fee is received. We do ask that you contact the center to verify that your application has been received. Thank you for your help!