



## SNOW DAY CHILD CARE AND DROP-IN CARE PRE-REGISTRATION APPLICATION

|  |        |                 |  |             |   |
|--|--------|-----------------|--|-------------|---|
| <b>My child will attend on:</b>  | Monday | Tuesday         | Wednesday                                    | Thursday    | Friday  |
| Place an "x" on each day   |        |                 |  |             |   |
| What time will be dropping off your child?   |        |                 | What time will you be picking up your child? |             |   |
| <b>CHILD INFORMATION:</b>  |        |                 |  |             |   |
| Child's Name   |        |                 | Date of Birth:                               |             | Present Age: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> |
| <b>PARENT #1 INFORMATION - REQUIRED</b>  |        |                 |  |             |   |
| Name   |        |                 |  |             |   |
| Penn Affiliated  | Yes    | Penn ID #:      | No, (please provide your work email address) |             |   |
| University Department  |        |                 |  |             |   |
| Penn e-Mail Address  |        | Business Phone: |  | Cell Phone: |   |
| Work Address   |        |                 |  |             |   |
| Home Address   |        |                 |  |             |   |
| <b>PARENT #2 INFORMATION - REQUIRED</b>  |        |                 |  |             |   |
| Name   |        |                 |  |             |   |
| Penn Affiliated  | Yes    |                 | No, (please provide your work email address) |             |   |
| University Department  |        |                 |  |             |   |
| Penn e-Mail Address  |        | Business Phone: |  | Cell Phone: |   |
| Work Address   |        |                 |  |             |   |
| Home Address   |        |                 |  |             |   |
| <b>CHILD'S GENERAL HEALTH</b>  |        |                 |  |             |   |
| Does your child receive any Support services or have any special physical, medical, or dietary needs? Allergies? Please explain briefly. |        |                 |  |             |   |
| Is your child toilet trained?  |        |                 | Yes  |             | No  |
| Does your child nap?   |        |                 | If yes, for how long?                        |             |   |

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| <b>ADDITIONAL FORMS REQUIRED</b><br>Please fill out the forms and send the packet to the Penn Children's Center. Thank You!<br><b>Health Assessment Form ♦ Emergency Contact Form</b>                          |  |
| <b>SNOW DAY CHILD CARE FEE SCHEDULE PER DAY FOR PENN FACULTY AND STAFF</b><br>School-Aged                      \$15.00<br>Preschoolers                      \$15.00<br>Infants & Toddlers              \$15.00 |  |
| <b>DROP-IN CHILD CARE FEE SCHEDULE PER DAY FOR ALL OTHER APPLICANTS</b><br>Infants: \$115.00 ♦ Toddlers: \$115.00 ♦ Preschoolers: \$95.00  |  |