4643 Frankford ave Philadelphia, pa 19124
215-552-5902

REGISTRATION FORM

Parent/Legal Guardian Information: Start Date:__/__/____

Mr___ Mrs___ Ms___ _____

Home Address: _____

City/State/ZipCode:_____

Telephone Number: _____

E-mail: _____

Child's Name: _____

Child's Date of Birth: __/__/____ Age: _____

Has your child ever been in a childcare program before ? Yes __ No __

Your Child Care Agency __ ELRC __ D.P.W __DHS __ Private

ELRC/ D.P.W/ DHS: ID Number: _____

Worker's Name: _____

Worker's Phone Number: ( )___-_____ ext ___

Registration Fee: $75 per child, and it is (non - refundable)