

Community Educational Centers Inc.
5151 Cold Spring Creamery Rd
Doylestown, PA 18902

(215) 230-4100

Cont#

Office use Center:

Group:

Status:

Referred _____ Admission Renewal Last Renewal

Child's Information

First name _____ Middle name _____ Last name _____ Nick name _____

Date of Birth:

Sex M F

Street Address: _____

May your child's address and phone be published in the class directory? Yes No

City, State, Zip: _____

Who should be contacted regarding questions about your application? _____

Mother's Information

Name: _____

Area code _____

Address: _____



Home: _____

City, State, Zip: _____

Unlisted

Job/ E-mail: _____ / _____



Work: _____

Father's Information

Name: _____

Area code _____

Address: _____



Home: _____

City, State, Zip: _____

Unlisted

Job/ E-mail: _____ / _____



Work: _____

Emergency Alternate Phone

Pick-up Phone

Child's Physician

..... Phone

Known Allergies

.....

Agree to update Emergency info.

Received program info.

Preferred Schedule

Amt Full Days _____

Amt Half Days _____

	Mon	Tues	Wed	Thurs	Fri
am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Half Days: Check time AM (8:00-12:30) PM (1:00-5:30)

After Kindergarten Fulltime After School

Term

6 months 10 months 12 months

Other

Start Date: _____ End Date: _____

Description: Number of months:

.....

App fee Deposit

Date Paid Deposit

Deposit Due Deposit CK#

1 st Payment Due

..... Office use

The first payment will be scheduled thirty (30) days prior to the start date.

If applying for Admission, a non-refundable Application Fee of \$75 and a non-refundable Deposit must accompany this form. If applying for Renewal, no deposit required, there is no Application Fee required for Renewal. The Deposit is nonrefundable; it will be applied to your contracted tuition payments. This Application Form will be employed to develop the Child Care Contract. If the contract is revised, there will be a \$35 Revision Fee.

Parent Signature _____

Date _____