

Please print or type.



School Age Application for Service

GENERAL INFORMATION

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Mother's Business Name & Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Father's Business Name & Address \_\_\_\_\_

SERVICES NEEDED

Table with 5 columns: School Year, Choose # of Days, Choose a Program Option, Choose Days Needed if Consistent Schedule. Rows include School Year and Summer Camp options.

Special medical or dietary needs or disabilities \_\_\_\_\_

When this form, registration fee, and deposit are received by a representative of the facility, a space is guaranteed to be available on the "Date Services are Needed" or at the start of the program in which you are enrolling.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



VCDC McCandless 8150 McKnight Road Pittsburgh, PA 15237 412.366.8588

Vincentian Child Discovery Center vincentian.us/child-care jparagi@vcs.org



OFFICE USE

Registration Fee Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Deposit Paid \_\_\_\_\_ Check Number \_\_\_\_\_

Notes: \_\_\_\_\_