

Please print or type.



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

Infant: Full Time (5 Day Schedule Only)

Toddler - Preschool: Part Time (3 Day) Full Time (5 Day) Schedule:

Monday Tuesday Wednesday Thursday Friday



When this form and Enrollment Fee 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. Contact the Director or Child Care Manager immediately if there is a change of the date when services will be needed. Every effort will be made to adjust the enrollment date. Please contact the Director or Child Care Manager in order to receive additional enrollment paperwork at least two weeks prior to your child's start date.

Parent Signature _____ Date _____

Special medical or dietary needs or disabilities _____



McCandless
8150 McKnight Road
Pittsburgh, PA 15237
412.366.8588

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

OFFICE USE

Classroom Assignment: INFA INFB YTA YTB OTA OTB PRKA PRKB

_____ Enrollment Fee _____ Check Number