

# Upper Perkiomen Child Care Center

an outreach ministry of St. Paul's Evangelical Lutheran Church

email: stpaulupccc@comcast.net phone: 215-679-0221 web: www.stpaulredhill.org

## Application for Child Care Services

Date: \_\_\_\_\_ Enrollment Start Date: \_\_\_\_\_

Name of child: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Frequently ✓'d

Work Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Parent/Legal Guardian #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Frequently ✓'d

Work Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Days/Hours when care is needed: \_\_\_\_\_

Any previous child care experience: \_\_\_\_\_

Disability or special needs of child (medications, treatments, allergies, conditions, behaviors, etc.)  no  yes

Usual eating schedule: \_\_\_\_\_

Foods child likes: \_\_\_\_\_ dislikes: \_\_\_\_\_

Things that comfort child: \_\_\_\_\_ scare child: \_\_\_\_\_

Cultural habits/home issues that may affect the child's behavior: \_\_\_\_\_

Special needs of parents (e.g., inability to climb stairs, difficulty lifting child, etc.) \_\_\_\_\_

*\*Please include your non-refundable Application Fee of \$\_\_\_\_\_ (checks should be made out to UPCCC) when returning this form to the Upper Perkiomen Child Care Center.\**

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*UPCCC is an equal opportunity care provider. Our program does not exclude children with special needs if we can provide a safe environment.*