



APPLICATION FOR ADMISSION

Your Child's First and Last Name: _____

Gender: _____ Birthdate: _____ or Due Date: _____

Address: _____ Zip: _____

Names and birthdates of siblings: _____

Is there any reason your child would require special attention or could not participate in age-appropriate activities? (if yes, explain): _____

Please list any special medical or dietary information necessary for management in an emergency situation (allergies, medications, special conditions): _____

Please list your child's previous child care experience: _____

The Children's Center of Pittsburgh requires enrolled children to be immunized as specified in the *Recommended Childhood Immunization Schedule* developed by the American Academy of Pediatrics. **Please initial** acknowledgment of your awareness of this policy and confirm your child's immunizations are (or will be) current: _____

#1 Parent/Guardian Name: _____ **Occupation:** _____

Home Address: _____

Employer: _____ Work site name and address: _____

E-Mail Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

#2 Parent/Guardian Name: _____ **Occupation:** _____

Home Address: _____

Employer: _____ Work site name and address: _____

E-Mail Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Preferred date of enrollment: Month: _____ Year: _____

Days and hours when care is needed: _____ to _____
(Days) (Hours)

Parent/Guardian Signature: _____ Date: _____

Please return this completed application; along with a \$50.00 non-refundable application fee to:

The Children's Center of Pittsburgh • 327 Craft Avenue • Pittsburgh, PA 15213

Phone (412) 641-1990 • Fax: (412) 641-1361 • klinel@upmc.edu