

**For Office Use Only**

Application Received \_\_\_\_\_

Non-Refundable Registration Fee \_\_\_\_\_

Deposit of one week's tuition (*within 30 days after being offered placement*) \_\_\_\_\_

# of Fobs \_\_\_\_\_ Received on \_\_\_\_\_ Returned on \_\_\_\_\_

Estimated Start \_\_\_\_\_ Confirmed Start \_\_\_\_\_

Classroom \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

**APPLICATION FOR DAY CARE SERVICES**

**Grace Christian Child Care, 433 E. Main Street, Hummelstown, PA 17036**

**Full-time** \_\_\_\_\_

**Part-time** \_\_\_\_\_ M T W H F (choose 2 or 3 days)

**Desired Enrollment Date** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Due Date \_\_\_\_\_ (if applicable)

Whom does child live with? \_\_\_\_\_

**School District & Grade** Nye \_\_\_\_\_ S. Hanover \_\_\_\_\_ Derry \_\_\_\_\_ Other \_\_\_\_\_

**MOTHER or Legal Guardian** \_\_\_\_\_

Home Address \_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Employer & Address \_\_\_\_\_ Business # \_\_\_\_\_

\_\_\_\_\_

**FATHER or Legal Guardian** \_\_\_\_\_

Home Address \_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Employer & Address \_\_\_\_\_ Business # \_\_\_\_\_

\_\_\_\_\_

**Medical or dietary information necessary for management in an emergency such as allergies, medications, and special conditions:**

---

---

---

---

**Any additional information on your child's needs:**

---

---

---

**How did you hear about Grace Christian Child Care?**

Parent Referral \_\_\_\_\_ Name of referring parent \_\_\_\_\_

Church \_\_\_\_\_ Name of referring church \_\_\_\_\_

Local Newspaper \_\_\_\_\_ Telephone Directory \_\_\_\_\_

Other / please explain \_\_\_\_\_

---

**GCCC participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. All meals are served at no separate charge regardless of race, color, national origin, sex, age, or disability. There is no discrimination in admission policy, meal service, or the use of facilities.**

---

---

**Signature of Parent or Guardian**

---

**Date**