

# APPLE PIE CHRISTIAN ACADEMY

## REGISTRATION FORM

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ B G

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Parent/Guardian Registering Child \_\_\_\_\_

Address \_\_\_\_\_

PIN \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

<b>SUBSIDY:</b> <b>Yes</b> <b>OR</b> <b>No</b>
Record & Fee _____
Caseworker _____
Phone _____

E-Mail Address: \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If Part Time Days (circle all that apply):    M    T    W    Th    F

You have received a package that contains all of the Title 55 Pennsylvania Code references you will need to make an educated decision about your child's child care facility. Please be sure to read all of the material enclosed before placing your child into Apple Pie Christian Academy.

WE RECOGNIZE IT IS CONFIDENTIAL BUT IF YOUR CHILD HAS AN IEP OR IFSP PLEASE SHARE IT WITH THE CENTER DIRECTOR AT THE TIME OF ENROLLMENT.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date