

Application for Admission

St. Teresa of Calcutta Early Learning Center and Child Care

256 Swamp Pike Schwenksville, PA 19473
www.stteresaeearlylearningcenter.org



CHILD'S FULL NAME		NICKNAME		BIRTH DATE	
ADDRESS - STREET, CITY, STATE, ZIP					
PRIMARY LANGUAGE		DO RELEVANT CUSTODY PAPERS APPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		SCHOOL-AGE CHILD'S SCHOOL	
PARENT'S / LEGAL GUARDIAN'S NAME					
HOME ADDRESS - STREET, CITY, STATE, ZIP				HOME TELEPHONE NUMBER	
BUSINESS NAME			WORK HOURS		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS - STREET, CITY, STATE, ZIP				CELL NUMBER	
EMAIL ADDRESS					
PARENT'S / LEGAL GUARDIAN'S NAME					
HOME ADDRESS - STREET, CITY, STATE, ZIP				HOME TELEPHONE NUMBER	
BUSINESS NAME			WORK HOURS		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS - STREET, CITY, STATE, ZIP				CELL NUMBER	
EMAIL ADDRESS					
EMERGENCY CONTACTS/TO WHOM THE CHILD MAY BE RELEASED IN THE EVENT OF AN EMERGENCY					
NAME	FULL ADDRESS		RELATIONSHIP	<input type="checkbox"/> CHILD <input type="checkbox"/> PARENT	TELEPHONE NUMBER WHEN CHILD IS IN SCHOOL
1.					
2.					
3.					
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER				TELEPHONE NUMBER	HOSPITAL AFFILIATION
PHYSICIAN / MEDICAL CARE PROVIDER - ADDRESS, STREET, CITY, STATE, ZIP					
SPECIAL DISABILITIES (IF ANY)				ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION					
ADDITIONAL INFORMATION REGARDING SPECIAL NEEDS				MEDICATION, SPECIAL CONDITIONS	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS				POLICY NUMBER (REQUIRED)	
NAME OF CHILD'S DENTIST				DENTIST TELEPHONE NUMBER	
PARENT'S / LEGAL GUARDIAN'S SIGNATURE IS REQUIRED TO INDICATE CONSENT					
OBTAINING EMERGENCY MEDICAL CARE/TRANSPORTATION BY FACILITY/EMS X				ADMINISTRATION OF MINOR FIRST-AID PROCEDURES X	

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

SIGNATURE OF PARENT / LEGAL GUARDIAN **X**

DATE **X**