



# Application for Admission

Address: 400 North Main Street  
 Meadville, PA 16335  
 Phone: 814.337.3355  
 Fax: 814.807.1015  
 Email: meadvillechildrenscenter1@gmail.com  
 Website: www.meadvillechildrenscenter.org

## Child's Information

Child's Name:	Date of Birth:
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## Parent/Guardian Information

Parent/Guardian Name:	Relationship:
Address:	
Primary Phone:	Email:
Employer:	Work Phone:
Does the child live with this person? Yes No	

Parent/Guardian Name:	Relationship:
Address:	
Primary Phone:	Email:
Employer:	Work Phone:
Does the child live with this person? Yes No	

## Requested Days of Attendance

Days: Mon	Tue	Wed	Thu	Fri
Hours: Full Day	AM (7:00-12:30)	Drop-In	Afterschool Program	
Requested Start Date:				

## How Did You Hear About Us?

<input type="checkbox"/> Previously Enrolled	<input type="checkbox"/> Brochure	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Web Search
<input type="checkbox"/> Personal Referral (Name of person _____)	<input type="checkbox"/> Other ( _____ )		