



8150 McKnight Road
 Pittsburgh, PA 15237
 Voice: 412-366-8588 Fax: 412-366-7315
 e-mail: jparagi@vcs.org

School Age Application for Services

Child's Name:	Birth Date:	Date Services are Needed: (If other than start of summer/school year program)
Home Address:	Home Phone:	Email Address:

Mother's Name and Daytime Phone Number:
(Include Address if Different from Home Address)

Mother's Business Name and Address:

Father's Name and Daytime Phone Number:
(Include Address if Different from Home Address)

Father's Business Name and Address:

Services Needed:

School Year	School:	Choose # of Days	Choose a Program Option	Choose Days Needed if Consistent Schedule					
				Monday	Tuesday	Wednesday	Thursday	Friday	
	Before/After								
	Kindergarten Wrap								
	5 Week								
	10 Week								

Special medical or dietary needs or disabilities:

When this form, registration fee, and deposit are received by a representative of the facility, a space is guaranteed to be available on the "Date Services are Needed" or at the start of the program in which you are enrolling. Contact the Director or Program Coordinator immediately if there is a change of the date when services will be needed. Every effort will be made to adjust the enrollment date. Please contact the Director or Program Coordinator in order to receive additional enrollment paperwork at least two weeks prior to your child's start date.

Parent Signature:	Date of Application:
--------------------------	-----------------------------

Office Use:

____ Registration Fee Paid ____ Check Number	____ Deposit Paid ____ Check Number
---	--

Notes: