

**SALFORD MENNONITE CHILD CARE CENTERS**

480 Groffs Mill Rd.  
Harleysville, PA 19438  
215-256-6421



**THE CHILDREN'S CENTER AT DOCK WOODS**

100 Woods Drive  
Lansdale, PA 19446  
215-565-2402

Name of child _____	Birth Date (Due Date) _____	<b>Check contract hours</b> <input type="checkbox"/> 8 ½ hours <input type="checkbox"/> 9 hours
Address _____		<b>Please note: any schedule in excess of nine hours daily will be charged over time</b>  <b>Dock Campus only</b> <input type="checkbox"/> <b>Salford Campus only</b> <input type="checkbox"/> <b>Either campus</b> <input type="checkbox"/> <b>First choice for campus</b> <b>S.C.</b> <input type="checkbox"/> <b>D.C.</b> <input type="checkbox"/>  <b>Desired beginning date:</b> _____  <b>Comments:</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p>Date of application _____</p> <p>Reg. Fee Paid _____</p> <p>Age Group _____</p> <p>Sibling _____ Birth Date _____</p> <p><b>Acceptance call</b> _____</p> <p>Starting Date _____</p> <p>Campus _____</p> <p>Confirmation sent _____</p> <p>By Whom _____</p> <p>Tuition deposit due _____</p> <p>Deposit Received _____</p> <p>Enrollment packet recd. _____</p> <p>Folder &amp; tags made _____</p> <p>Times confirmed _____</p> <p><b>Moving Dates</b></p> <p>To _____ on _____</p> <p>To _____ on _____</p> <p>To _____ on _____</p> <p>To _____ on _____</p> <p>To _____ on _____</p> <p>Withdrawal date _____</p> <p>Entered on access                    <input type="checkbox"/></p> <p>Entered on waiting list            <input type="checkbox"/></p> </div>
Mother's Name/Legal Guardian _____ Home Phone No: _____		
Email : _____		
Mother's Address (if different than child) _____		
Mother's Employer _____	Telephone No. _____	
Email: _____		
Father's Name/Legal Guardian _____		
Father's Address (if different than child) _____		
Father's Employer _____	Telephone No. _____	
Email: _____		
Names and birth dates of siblings: _____		
Are you the child's biological parent <input type="checkbox"/> Adoptive <input type="checkbox"/> Legal Guardian <input type="checkbox"/>		
Unusual factor in child's life: _____	Absence of father or mother <input type="checkbox"/>	
Is there a court order affecting this child <input type="checkbox"/>		
Previous nursery school of child care attended _____		
How did you hear about our center? _____		
May pictures and videos be taken of your child? _____		
<p>In making this application, I understand that a \$35.00 non-refundable fee is due with each application. My payments are based on a weekly fee and are due on the first day of the week. The child care center reserves the right to dismiss any student who does not respect or cooperate in the education program. In signing this form we agree to abide by all policies and rules set forth in the Parent Handbook</p>		

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date