

**SALFORD MENNONITE CHILD CARE CENTER**

**480 Groff's Mill Rd.  
Harleysville, PA 19438  
215-256-6421  
www.salfordmccc.org**



Name of Child _____	Birth Date or Due Date _____	<p><b>Check contract hours</b>  <input type="checkbox"/> 8 ½ hours    <input type="checkbox"/> 9 hours</p> <p><b>Please note: Any schedule in excess of nine hours daily will be charged over time.</b></p> <p><b>Desired beginning date:</b>                  _____</p> <p><b>Comments:</b>                  _____</p>
Address _____	City _____ State _____ Zip _____	
Mother's Name/Legal Guardian _____	Home Phone #: _____ Cell Phone #: _____ Email : _____	
Mother's Address (if different than child's) _____		
Mother's Employer _____	Telephone #: _____ Email: _____	
Father's Name/Legal Guardian _____	Home Phone #: _____ Cell Phone #: _____ Email: _____	
Father's Address (if different than child's) _____		
Father's Employer _____	Telephone #: _____ Email: _____	
Names and birth dates of siblings: _____		
You are the child's Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/>		
Unusual factor in child's life: _____	Absence of father or mother <input type="checkbox"/> There is a court order affecting this child <input type="checkbox"/>	
Previous nursery school or child care attended (if applicable) _____		
How did you hear about our center? _____		
<p>◆ Enclose a \$35.00 non-refundable fee for each application.</p> <p>◆ This application (along with the \$35 non-refundable fee) confirms a spot on our waiting list. This does not guarantee enrollment or the desired start date.</p> <p>◆ Upon enrollment, tuition payments are due on Mondays.</p> <p>Salford Mennonite Child Care Center enrolls children from three months of age without regard to race, ethnicity, religion, disability, sexual orientation, or gender identity. When a child with special needs or circumstances applies for admission to the program, the director and the family will meet to review the child's care requirements.</p>		

**OFFICE USE ONLY**

Date of Application \_\_\_\_\_

Reg. Fee Paid \_\_\_\_\_

Age Group \_\_\_\_\_

Sibling \_\_\_\_\_ Birth Date \_\_\_\_\_

Acceptance Call \_\_\_\_\_

Starting Date \_\_\_\_\_

Confirmation sent \_\_\_\_\_

By Whom \_\_\_\_\_

Tuition deposit due \_\_\_\_\_

Deposit Received \_\_\_\_\_

Enrollment packet recd. \_\_\_\_\_

Folder & tags made \_\_\_\_\_

Times confirmed \_\_\_\_\_

Entered on waiting list

Entered in EZ-Care

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

\_\_\_\_\_  
**Date**