

Crestmont Child Care Center  
100 Parkridge Drive, Hopewell  
Aliquippa, PA 15001  
724-375-5252

CONFIDENTIAL APPLICATION FOR ADMISSION

Pupil's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(first) (middle) (last)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street) (city) (zip code)

Child's Nickname (e.g. Bobby, Jonnie) \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

In the case of divorced or separated parents, the school can assume responsibility to only one parent. Please State which parent. \_\_\_\_\_

Grandparents \_\_\_\_\_  
(name) (address) (phone)

Grandparents \_\_\_\_\_  
(name) (address) (phone)

Neighbor \_\_\_\_\_  
(name) (address) (phone)

Other children in home \_\_\_\_\_  
(name) (age) (name) (age)

Child's Physician \_\_\_\_\_  
(name) (age) (name) (age) Phone \_\_\_\_\_

Name of medical insurance under which your child is covered \_\_\_\_\_

When do you expect to enter your child in kindergarten and in what school district? \_\_\_\_\_

Has your child ever had a speech test? \_\_\_\_\_ Hearing test? \_\_\_\_\_ What were the results? \_\_\_\_\_

Church affiliation of both parents \_\_\_\_\_ Does your child attend church? \_\_\_\_\_

Sunday School? \_\_\_\_\_ How did you hear about the Crestmont Child Care Center? \_\_\_\_\_

We (I) pledge cooperation with the Crestmont Child Care Center in encouraging our/my child to follow its instruction, in upholding the authority of the teachers in matters of discipline, and in assuming the responsibility of paying our/my financial obligations promptly.

Date \_\_\_\_\_ Signed \_\_\_\_\_

(father)

(mother)

It is understood that a non refundable \$25.00 registration fee is required with the return of this application.