

Cityspace
457 Allen St.
Allentown, PA 18102
Phone: 610-432-2632
Fax: 610-432-7950

Enrollment Application

Date of Application: _____

Name of Child _____ Child's Date of Birth _____

Social Security # _____ Telephone Number _____

Address _____

Mother's Name _____ Social Security # _____

Mother's Home Address _____

Phone Numbers _____

Employer's Name _____ Business telephone # _____

Business Address _____

Father's Name _____ Social Security # _____

Father's Home Address _____

Phone Numbers _____

Employer's Name _____ Business telephone # _____

Business Address _____

Emergency Contact Person: The enrolling parent is notified first in the event of an emergency. The emergency contact person should be the person we should contact if we are unable to locate you.

Name _____ Telephone # _____

Address _____

Cityspace
457 Allen St.
Allentown, PA 18102

Persons Permitted to Pick-UP: (in addition to the enrolling parent)

Name _____ Relationship _____

Address _____ Telephone # _____

Name _____ Relationship _____

Address _____ Telephone # _____

Name _____ Relationship _____

Address _____ Telephone # _____

Physician:

Name _____ Telephone # _____

Address _____

Medical Insurance:

Name of Insurance Company _____ Policy # _____

Name of Child's School _____ Grade _____

Arrival and Departure Times _____

Tuition will be due the Monday of each week of service

School Year: \$ 90.00/week

School Year – All day \$ 7.00/extra each day

Summer Program: \$125.00/week

I agree to notify the center in writing **two (2) weeks** in advance of withdrawal.

I understand that there will be a two (2) week introductory period to determine if “Cityspace” can best meet the needs of my child.

Parent Signature _____ Date _____

Director's Signature _____ Date _____