

LABOR AND INDUSTRY PARENTS' ASSOCIATION
APPLICATION FOR ENROLLMENT IN CHILD CARE CENTER

Please complete all information and send the application along with your \$25 non-refundable application fee to the following address:

Crystal Freeman, Enrollment Coordinator
13th Floor
651 Boas Street
Harrisburg, PA 17121

Please make checks payable to the L&I Parents' Association. Individuals wishing to enroll a child in the Labor and Industry Child Care Center Care required to join the Parents' Association. Annual dues are \$25 and are collected each year in January. Payment of the annual dues is required for maintenance on the enrollment waiting list. You may contact Crystal Freeman at (717) 783-7846 or crfreeman@state.pa.us with any questions.

COMMONWEALTH EMPLOYEE INFORMATION

Employee Name: _____

Employee number: _____ (Needed to verify Commonwealth employment)

Dept/Agency: _____

Work address: _____

Work phone: _____

Work e-mail address: _____

Do you anticipate working more than 750 hours per year? Yes No

(Needed to verify eligibility for enrollment; must maintain 750 hours worked annually to maintain eligibility for enrollment in Child Care Center)

Employee's relationship to child:

Parent Grandparent Aunt/Uncle Legal Guardian

PARENT/CHILD INFORMATION

Name of parent(s): _____

Home address: _____

Home phone: _____

Home e-mail address: _____

Child's name: _____

Child's date of birth: _____

ENROLLMENT INFORMATION

Date you would like to enroll child in the Center: _____

Select one:

Full-time (Mon.- Fri.)

Part-time (list days) _____

Approximate arrival time: _____ Approximate departure time: _____

Note special needs of child, if any:

Is your child Eligible for the subsidized Child Care Works Program? Yes No Don't Know

All members of the Parents' Association are encouraged to volunteer on one of the Associations' service committees. Please indicate committee(s) on which you would be willing to serve:

Provider Screening Annual Report

Teacher Appreciation Fund Raising

Equipment Safety

Handbook Other: _____

For Administrative Use Only:

Date Received: _____

Enrollment Code: _____

Class: _____

Enrollment Date: _____