



Registration Form

Desired Start Date: _____

Name of child _____ Birthdate/Due Date _____ M/F (please circle one) _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Relationship to child _____

Home Phone _____ E-mail _____

Work Phone _____ Employer/Occupation (Federal or Non-Federal) _____

Parent/Guardian _____ Relationship to child _____

Home Address, if different _____

City _____ State _____ Zip _____

Home phone _____ E-mail _____

Work phone _____ Employer/Occupation (Federal or Non Federal) _____

Additional Information

Please enclose an application fee of \$100 with this form in order to be placed on our waitlist. When offered enrollment, families must place a tuition deposit to guarantee a space. The tuition deposit is one week's tuition. Subsidy children pay co-pay for a deposit. The tuition deposit is held in an escrow account while your family is attending GBCCC and is fully refundable when your family leaves the Center, provided you give four weeks' notice and your account is current.

Please make checks payable to:

The Green/Byrne Child Care Center and mail to 600 Arch Street, Suite 1211, Philadelphia, Pa 19106

I understand that this registration fee is non-refundable and that it does not guarantee my child a space at the Green/Byrne Child Care Center. It does, however, secure my family a spot on the Green/Byrne Child Care Center waiting list.

Signature: _____ Date: _____

Admissions, the provision of service and referrals of children shall be made without regard to race, color, religion, creed, gender, age, national origin, or disability.