

FOR CENTER USE  
Acknowledgement  
Letter sent:  
  
Date received:  
  
Fee info.:

**THE CHILDREN'S LEARNING CENTER AT PENN COLLEGE**  
**APPLICATION FOR ADMISSION**

**Name of Child:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Date of Birth/Due Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Parent's daytime telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**1. Name of Parent:** \_\_\_\_\_

Parent is (*check one*): Penn College student \_\_\_\_\_; Penn College employee \_\_\_\_\_;  
Penn College alumnus/a \_\_\_\_\_ Not affiliated with Penn College \_\_\_\_\_.

**2. Name of Parent:** \_\_\_\_\_

Parent is (*check one*): Penn College student \_\_\_\_\_; Penn College employee \_\_\_\_\_;  
Penn College alumnus/a \_\_\_\_\_ Not affiliated with Penn College \_\_\_\_\_.

**I am applying for admission for my child starting (Fill in date):** \_\_\_\_\_.

**Approximate days and hours of attendance (if unknown, indicate full-time or part-time):**  
\_\_\_\_\_

Does your child have any special physical, emotional, or developmental needs? If so, please describe. (Use the other side if you need more space.)

Does your child have medical or dietary needs of which we should be aware? (for example, allergies, ongoing medication, special diet, etc.). If so, please explain.

Is your child up to date on immunizations? (A current health appraisal, including recommended immunizations, will be required upon enrollment.)

Any other comments or information which will help us care for and teach your child:

**Signature of parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this form together with a non-refundable application fee of \$25 (check or money order payable to "Penn College") to the Children's Learning Center at Penn College, One College Ave., Williamsport, PA 17701. (LEC B1059, DIF # 39) Call 320-8026 if you have questions.