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Application for Day Care Services

Date of Application: _____

Name of Child: _____ Date of Birth: _____

Address: _____

Mother's Name – Or Legal Guardian: _____

Father's Name – Or Legal Guardian: _____

Mother's Home Address: _____ Home Phone: _____

Father's Home Address: _____ Home Phone: _____

Mother's Business Address: _____ Work Phone: _____

Father's Business Address: _____ Work Phone: _____

Name and Address of Person to be contacted in emergency if parents are not available: _____

Phone No: _____

Name and address of child's physician or source of medical care: _____

Phone no: _____

Special disability – if any: _____

Any special medical or dietary information necessary for management in an emergency situation – allergies, medications, special conditions: _____

Any additional information on special needs of this child: _____

Health insurance coverage for child under family insurance policy or medical assistance benefits, if applicable: _____

Signature of Parent or Guardian: _____