



THE HAVERFORD CENTER APPLICATION

Infant 5 days only | **Younger Toddler** (13-24 mos.) 5 days only | **Older Toddler** (2-year-olds) 5 days only | **Preschool** (3's and 4's) Choose: 5-day 3-day

Student Information

Last: _____ First: _____ Middle: _____
Preferred name: _____ Date of birth: _____ Gender: Male Female
Home address: _____
City: _____ State: _____ Zip: _____
Home phone: _____

Parent Information

Family Parent's or Guardian's Marital Status: Married Separated Divorced Other

Parent 1: (Mrs. / Mr. / Ms.) _____

Cell phone: _____ Email: _____

Home address (if different from applicant): _____

City: _____ State: _____ Zip: _____

Home phone: _____

Occupation: _____ Business number: _____

Business name: _____

Business address: _____

Parent 2: (Mrs./Mr./Ms.) _____

Cell phone: _____ Email: _____

Occupation: _____ Business number: _____

Business name: _____

Business address: _____

Brothers and Sisters

Please provide the full name, date of birth, and current school name of your child's siblings.

Tell us about your child

We want to learn more about your child – their special interests, hobbies, character, and daily schedule. Please note any special concerns or questions to which you would like to draw our attention. (Feel free to attach a separate sheet if necessary)

School District of Residence: _____
Current School: _____ Phone number: _____
School address: _____
City: _____ State: _____ Zip: _____

How did you hear about The Haverford Center?

Current Haverford parent Haverford faculty Other: _____

Agreement

By signing this form, I understand that my child will be considered for the placement and year indicated. Haverford may contact and request information about my child from previous schools. All information I provide is accurate.

Parent's or Guardian's signature _____

The Haverford Center actively seeks to enroll and serve students of all genders who come from diverse racial, cultural, national, and ethnic origins.