



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) 5 days only

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.
