



THE HAVERFORD CENTER APPLICATION

☐ Infant

6 wk-12 mo

☐ Toddler Program

12 mo-2 years

☐ Two-Year Old Program

2 and 3 years old

☐ Preschool Program

3 and 4 years old

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 _____ Date _____

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