

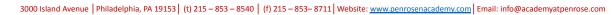
PENROSE ACADEMY'S

Pre-Enrollment Application

Name:	Telephone:	Email:	
1. How did you hear abo	out us?		
□ Friend/Referral			
□ Google			
□ Sign			
□ Website			
□ Advertisement			
□ Social Media			
3. Do you currently have	e ELRC or are you a Private Pa	y family?	
□ ELRC □ P	rivate Pay		
If you have ELRC, have	you given your ELRC worker	our provider number (1114062154-	-1)?



	3000 Island Ave	nue Philadelphia, PA 19153 (t) 215 – 853 – 8540 (f) 215 – 853 – 8711 Website: <u>www.penrosenacademy.com</u>	Email: info@academyatpenrose.cor
	yes	□ no	
Do	you have a ELR	C co-pay?	
	ELRC	□ Private Pay	
4.	If applicable, who	at is your payment preference?	
	□ Cash		
	□ Check		
	□ On-line Payr	ments	
	□ Credit/Debit	Cards	
(Na	me, age, date of birth)	ren are you interested in enrolling?	
1	•		
2			
3			
4			
5			
6.	Are any of the ch	uildren school age?	
	yes	□ no	
If	so, what school's	do they attend?	
1			
2			





3.		
4.		
5.		
7. Do you need	full time or part-time care?	
□ full-time	□ part-time	
8. Will your chi	ild/ren need transportation?	
□ yes	□ no	
Please specify:	:	
9. Has your chi	ld/ren ever attended day care? If, so why did they leave?	
□ yes	□ no	

10. Does your child/ren have any special needs that the center should be aware of?



□ yes	□ no		
11. Does your child,	ren currently receive any behavioral support services?		
□ yes	□ no		
12. Does your child/ren currently have an IEP?			
□ yes	□ no		
13. If so, will you provide a copy for the center?			
□ yes	□ no		
14. Please choose a date and time for your child/ren to have a center visit and for you to have a parent interview.			

Thank you for your interest in Penrose Academy. You will be contacted regarding your child's enrollment within 3 to 5 business days.