



EARLY LEARNING CENTER
SERVING ARMSTRONG, BEAVER CREEK, AND WASHINGTON TOWNSHIPS

Office Use:

Date Received: _____

Site: _____

Funding Source: _____

APPLICATION FOR CHILD CARE SERVICES

Mother's Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

Place of Employment: _____

Employer's Address: _____

Business Phone: _____ Work Hours: _____

Occupation: _____

Father's Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

Place of Employment: _____

Employer's Address: _____

Business Phone: _____ Work Hours: _____

Occupation: _____

Children Needing Care	Sex	Birth date	Elementary School	Grade
1.				
2.				
3.				

Hours Needing Care: _____ Date Needing Care: _____

Does your child have an identified disability? Yes _____ No _____ Please explain: _____

Does your child have an: IEP (Individual Education Plan) Yes _____ No _____
IFSP (Individual Family Service Plan) Yes _____ No _____

Do you have health concerns about your child? _____

How did you learn about us? _____

Parent's Signature

Date

Parent's Signature

Date

The Early Learning Connections cooperates with the school district of residence, the Pennsylvania Department of Education for Pre-K Counts, the Midwestern Intermediate Unit IV and the Base Service Unit – Center for Community Resources (CCR). A parent's signature on this application gives us permission to exchange information such as name, address, telephone number, status of the application and site assignment with these agencies. If for any reason you do not want us to share this information, please indicate below.

**MAIL COMPLETED APPLICATION TO: Early Learning Connections
139 Rieger Road
Butler, PA 16001**

**FOR MORE INFORMATION CALL LOCAL 724-283-3053 or
TOLL FREE 866-348-6674.**

No one shall be discriminated against because of race, creed, color, national origin, age, sex, religion, mental or physical disabilities.