



1963 Cato Avenue
State College, PA 16801
814-380-2419

Application

Today's Date: _____

Child's Name: _____ Date of Birth: _____

Guardian(s) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number: _____

Email: _____

Phone (Home): _____ (Business): _____

(Cell): _____

Desired Enrollment Start Date: _____

Full Time or Part Time: _____ Morning Program _____ # of Days _____

Thank you for contacting Dall'Inizio DaySchool to meet your child care needs

In order to serve you and secure a guaranteed space on our waitlist for your child, we ask that you return the following:

- Completed Application
- Non-Refundable Registration Fee (\$50.00)

Office Use Only

Tour Date: _____

Referral: _____

Comments: