REGISTRATION APPLICATION

GraceWay Children Academy

4205 Carlisle Pike, Camp Hill, PA 17011
Phone: 761-2220
reception@gracewaychildrenacademy.com

GCA will consider all applicants for childcare without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of disabilities or medical conditions or any other legally protected status in accordance with Title 55 of the PA code Chapt. 3270.26

Date of Application:_____ Desired Start Date: _____

Enrollment for: Full-time Any 4-5 days/week | Part time 2 days circle desired days: M T W Th F | Part-time 3 days circle desired days: M T W Th F

Gender: Male Female Child's Birthdate: _____ Age: _____ (Years) (Months)

Child's Name:_____

Child lives with:_____

Mother (or legal guardian):_____

Mailing Address:_____

City, State:_____ Zip:_____

Home Phone Number:_____ Cell Phone Number: _____

E-mail (primary):_____ E-mail (secondary): _____

Employer: _____ Location: _____

Scheduled work hours:_____ Work Phone:_____

Father (or legal guardian):_____

Mailing Address:_____

City, State:_____ Zip:_____

Home Phone Number:_____ Cell Phone Number: _____

E-mail (primary):_____ E-mail (secondary): _____

Employer: _____ Location: _____

Scheduled work hours:_____ Work Phone:_____

Any medical or dietary information necessary for management in an emergency situation, allergies, medications, special conditions:

_____

_____

Special disabilities, if any:_____