



Center for School-age Development APPLICATION FOR SCHOOL-AGE PROGRAMS

Specify Site: There is a \$25 nonrefundable application fee (per family).

<u>Before and/or After School</u>		<u>Summer Camp</u>
Lewisburg Center for School-age Development ____ (am) ____ (pm)		Lewisburg ____
Mifflinburg Intermediate ____ (am) ____ (pm)	Turbotville Elementary ____ White Deer Elementary ____	Mifflinburg ____
Montandon Elementary ____	Mountain View Elementary School ____ (am) ____ (pm)	Selingsgrove ____
Selingsgrove Elementary ____ (am) ____ (pm)	Indian Valley Elementary ____ (am) ____ (pm)	Lewistown ____
Selingsgrove Intermediate ____	Lewistown Elementary ____ (am) ____ (pm)	

Do you currently have any children receiving services from SUM Child Development? No Yes

If yes, which program _____ Note: Application fee is waived for current enrolled families.

RETURN FORM and CHECK PAYABLE TO SUM Child Development TO:

For Snyder, Union, or Northumberland Counties: SUMCD 205 Hospital Drive Lewisburg, PA 17837	For Mifflin County: SUMCD 10 Bollinger Road Lewistown, PA 17044
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The child care office will contact families once a completed application is received along with the \$25 nonrefundable fee. **Please indicate your preferred method of communication. You will be contacted by this method unless we are notified otherwise.**

Telephone <input type="checkbox"/>	Email <input type="checkbox"/>	Mail <input type="checkbox"/>
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Parent / Legal Guardian 1:

Application date:	Employer (Parent 1):	
Phone (home):	Phone (mobile):	
Phone (work):	E-mail (Parent 1):	
Address (Parent / Legal Guardian 1):		# in family (adults + children):
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		

Parent / Legal Guardian 2:

Employer:		
Phone (home):	Phone (mobile):	
Phone (work):	E-mail (Parent 2):	
Address (Parent / Legal Guardian 2):		

How did you hear about us? Ad Friend/Relative SUMCD Employee Current Enrolled Parent Sign
 Website Yellow Pages Facebook Other _____

Do you receive child care funding? Yes No Have you applied for funding? Yes No

APPLICATION FOR SCHOOL-AGE PROGRAM

Continued

Child (1) Name:	Date of Birth:	Male / Female
Ethnicity (optional) <input type="checkbox"/> Hispanic / Latino Race (optional) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Bi-racial / Multi-racial <input type="checkbox"/> Other _____		
Custody Order: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Days per week needed?		Desired Start Date:
Any flexibility in days per week?		
Comments:		
Child (2) Name:	Date of Birth:	Male / Female
Ethnicity (optional) <input type="checkbox"/> Hispanic / Latino Race (optional) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Bi-racial / Multi-racial <input type="checkbox"/> Other _____		
Custody Order: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Days per week needed?		Desired Start Date:
Any flexibility in days per week?		
Comments:		
Child (3) Name:	Date of Birth:	Male / Female
Ethnicity (optional) <input type="checkbox"/> Hispanic / Latino Race (optional) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Bi-racial / Multi-racial <input type="checkbox"/> Other _____		
Custody Order: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Days per week needed?		Desired Start Date:
Any flexibility in days per week?		
Comments:		

<p>For Office Use Only</p> <p>Application Fee Received: ____ Yes ____ No _____ Staff Initials _____ Date</p> <p>Comments: _____</p>
