



189 West Creek Road
Saint Marys, Pennsylvania 15857

Application for Childcare Services

Child's Name: _____ Date of Birth: _____

Current Grade: _____ Current School: _____

Address: _____

Child lives with: _____

Special needs: _____

Allergies: _____

Medication: _____

Mother's Name/Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Father's Name/Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Days and Times needed for childcare services

Day of the Week	Arrival Time	Departure Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Form of Payment: ☐ Private Pay ☐ CCIS

Received by director: _____

Director Signature

Date