



P. (412) 421-0300
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E. chcc@carriagehouse.org

I. Child's Information:

Child's Name Last: _____ First: _____

Gender: _____ Birth date (or due date): _____ Home Phone: _____

Address: _____ Zip: _____

Names and birth dates of siblings: _____

Is there any reason your child would require special attention or could not participate in normal activities? _____
If so please explain: _____

Please list any special medical or dietary information (allergies, medications, special conditions, etc.): _____

Please list your child's previous child care or preschool experience, if any: _____

Carriage House Children's Center requires enrolled children to be immunized as specified in the *Recommended Childhood Immunization Schedule* developed by the American Academy of Pediatrics. Please initial acknowledging your awareness of this policy and confirming your child's immunizations are or will be current: _____

II. Parent's Information

Parent/Guardian's Name: _____ Occupation: _____

Home Address: _____ Zip: _____ Phone: _____

Employer: _____ Phone: _____

Parent/Guardian's Name: _____ Occupation: _____

Home Address: _____ Zip: _____ Phone: _____

Employer: _____ Phone: _____

E-mail Address 1 _____ E-mail Address 2 _____

III. Enrollment Information:

Please indicate the Carriage House Children's Center program desired for your child:

- _____ Infants, Toddlers, and Two-Year-Olds (full day)
- _____ Part-Time Three's Program (Monday through Friday, 9:00-1:00 or 9:00-3:30)
- _____ Three and Four Year Olds (minimum of 5 half days or 3 full days)
- _____ Kindergarten – Onsite Kindergarten program licensed by the PA Department of Education

For further information regarding program options, please see the tuition schedule.

Preferred date of enrollment: Month: _____ Year: _____

Please indicate the hours and days you desire for your child. Currently, Carriage House Children's Center hours are 8:00 a.m. to 5:00 p.m. during the coronavirus pandemic. When feasible they will return to 7:30 a.m. to 6:00 p.m. Part-time schedules cannot be consecutive days.

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

Please return this completed application, along with a \$50.00 non-refundable application fee, to:
Carriage House Children's Center, 5604 Solway Street, Pittsburgh, PA 15217

Parent/Guardian Signature: _____ Date: _____