



ZEARING CHILD ENRICHMENT CENTER, INC.

633 Masonic Drive • Princeton, Illinois 61356 • 815.875.2335 • fx 815.872.1163

Zearing After-School Program-ZAP APPLICATION FOR ADMISSION

Application Date: _____

Child's Name: _____
(First) (Last)

Date of Birth: _____ Present Age: _____ M/F _____

School attending fall : _____ Grade entering: _____

Home Address: _____
(Street) (City) (State) (Zip code)

First date of attendance: _____
We would like to attend: Days of Enrollment M ___ T ___ W ___ TH ___ F ___

Before school Yes ___ , No ___ After-school Yes ___ , No ___

*Full-time child care needs take precedence over part-time child care needs.

I will bring my child to the center at: _____

I will pick up my child at: _____

Does your child have an 'active' Individualized Educational Plan (IEP)? Yes ___ No ___

We would like to apply for a subsidized slot (Per State: for families who qualify by income and family size). Yes ___ No, We do not qualify ___

Parent/Guardian's Name: _____ SS# _____

Relationship to child: _____

Address: _____

Occupation: _____ Employer: _____

Marital Status: _____

Home Phone: (____) _____

Work Phone: (____) _____ Hours: _____

Parent/Guardian's Name: _____ SS# _____

Relationship to child: _____

Address: _____

Occupation: _____ Employer: _____

Home Phone: (____) _____

Work Phone: (____) _____ Hours: _____

Other Children in family: _____

How did you hear about us? Friend ___ Family member ___ Radio ___ Newspaper ___ Other ___

Please complete this form and return it to the center. If there is no immediate opening, your child's name will be placed on the "waiting List". We will notify you as soon as an opening occurs. At enrollment time, there will be a \$30.00 non-refundable application fee and an annual \$30.00 activity fee due. (Activity Fee non-refundable after 30/days from enrollment date).

No family will be discriminated against because of race, sex, religion or national origin. All information listed above is confidential.

Signature of Parent or Guardian Date

Signature of Center Director Date