

THE HAVERFORD CENTER APPLICATION

	inger Toddler (13-24 mos.) 5 days only	☐ Older Toddler (2-year-olds) 5 days only	
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Student Inform		,	A C: 1 II
]	
			Gender: ☐ Male ☐ Female
City:	State: Zip:		
Home phone:			
Parent Informa	ntion		
		I Married □ Separated □ Div	vorced 🗖 Other
•		<u>*</u>	
Cell phone: Email:			
City: State:			
	Business number:		
Cell phone: Email:			
Occupation:	Business number:		
Business name:			
Business address:			
Brothers and Si	isters		
Please provide the ful	ll name, date of birth, and c	current school name of your chil	d's siblings.

Tell us about your child

We want to learn more about your child – their special into Please note any special concerns or questions to which you (Feel free to attach a separate sheet if necessary)	•
School District of Residence:	
Current School:	
School address:	
City:	
How did you hear about The Haverford Center?	
☐ Current Haverford parent ☐ Haverford fac	culty
Agreement	
By signing this form, I understand that my child will be concerned that my child will be concerned to the significant and request information about my All information I provide is accurate.	- '
Parent's or Guardian's signature	

The Haverford Center actively seeks to enroll and serve students of all genders who come from diverse racial, cultural, national, and ethnic origins.