



Land of Children Child Care & Private School,
After School & Summer Camp

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www.landofchildren.org
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After School Application for Enrollment

Child's Name (Last, First):			Name Called:	
Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Group: <i>After School</i>	
Street Address:				
City:	State:	Zip Code:	Home Phone #:	
What days of the week is your child being enrolled for: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			Arrival Time:	
			Departure Time:	
Parent's/Guardian's Name:				
Cellphone #:		Email:		

Information about the school your child is attending:

School Name:			
School District:			
School's Street Address:	City:	State:	Zip Code:
Phone#:	Time to pick up from school:		
Grade:	Home Room #:	Home Room Teacher's Name:	

Parent's/Guardian's Signature:	Date: / /
Director's Signature:	Date: / /