



## A Place to Grow Learning Center, Inc

1331 Freeport Road  
Pittsburgh, PA 15238  
aplacetogrow2@hotmail.com

### Enrollment Application

Child's Name: \_\_\_\_\_

Date of Birth or Due Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone No: \_\_\_\_\_ Alternate Phone No : \_\_\_\_\_

Email Address: \_\_\_\_\_

Days Per Week (4 day per week minimum): \_\_\_\_\_

Hours of Attendance: \_\_\_\_\_

Start Date: \_\_\_\_\_

Registration Fee \$100: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

*Please make checks payable to: A Place to Grow Learning Center*

*APTG allows admission to all applicants for care without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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