



A Place to Grow Learning Center, Inc

1331 Freeport Road
Pittsburgh, PA 15238
aplacetogrow1@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 \$75: _____ 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: _____