

Date application received: _____



Application for Admission
Integrated Arts Kindergarten
Bennett Family Center
The Pennsylvania State University

For the School Year: _____

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

Child's Date of Birth: _____ Gender: Male _____ Female _____

Guardian One

Guardian Two

Name: _____ Name: _____

Gender: Male _____ Female _____

Gender: Male _____ Female _____

Current PSU Affiliation:

Current PSU Affiliation:

Undergrad ___ Grad ___ Faculty/Staff _____

Undergrad ___ Grad ___ Faculty/Staff _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Email Address: _____

Email Address: _____

Home Address: _____

Home Address: _____

Is your child or sibling currently enrolled at the Bennett Family Center or Child Care Center at Hort Woods?

Yes _____ No _____

Remarks or Notes:

RETURN COMPLETED APPLICATION TO:

Bennett Family Center
123 Bennett Family Center
University Park, PA 16802
Phone: (814) 865-4057
Contact: Heather Kimble
hmo106@psu.edu

HMK 9/26/14