

**ANGELS' PLACE, INC.**  
**PARENT'S APPLICATION**

North Side – MAIN OFFICE  
2615 Norwood Avenue  
Pittsburgh, PA 15214  
412.321.4447  
412.321.0112 – Fax #

Brookline  
600 Fordham Avenue  
Pittsburgh, PA 15226  
412.531.6667  
412.531.1255 – Fax #

Swissvale  
2538 Woodstock Avenue  
Pittsburgh, PA 15218  
412.271.2229  
412.271.1445 – Fax #

**\*Please circle preferred location for child care:**

Date \_\_\_\_\_

Name of Parent \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Hospitalization: BC/BS \_\_\_\_\_ Medical Assistance \_\_\_\_\_

Other (Specify) \_\_\_\_\_ None \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Living Arrangements: Parents \_\_\_\_\_ Relative \_\_\_\_\_ Alone \_\_\_\_\_ Other \_\_\_\_\_

(Specify) \_\_\_\_\_

Means of Support of Parent Applicant (See enclosed eligibility guidelines):

Parents \_\_\_\_\_ Public Assistance \_\_\_\_\_ Other Parent of Child \_\_\_\_\_

Employment \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**SCHOOL INFORMATION**

Name of School Attending \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

OR

School Last Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

List any Degrees, Certificates or Diplomas you have received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational Plans \_\_\_\_\_

Where do you plan to enroll? \_\_\_\_\_

OR

Where are you currently enrolled \_\_\_\_\_

Starting Date \_\_\_\_\_

Length of time anticipated to complete educational goals? \_\_\_\_\_

**WORK EXPERIENCE**

List any prior work experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENROLLMENT INFORMATION**

	Name of Child	Birthdate	Sex
1.	_____	_____	_____
2.	_____	_____	_____

If one parent has custody, as determined by the court, does the non-custodial parent have permission to pick up the child? \_\_\_\_\_

**ALTERNATIVE CARE**

1. What type of alternative child care has your child experienced to date (e.g., private caregiver, day care home, group day care, preschool, etc.)? Please give details.

\_\_\_\_\_  
\_\_\_\_\_

2. How has your child reacted to this care? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Angels' Place, Inc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_