

7/23/2025

## APPLICATION FOR CHILD CARE SERVICES

Weekday Ministries  
3319 W. Liberty Ave.  
Pittsburgh, PA 15216  
412-531-5790 Fax: 412-531-7155  
Samantha Neary, Director  
sneary@mlumc.org

Name of Child \_\_\_\_\_ Birthdate or due Date \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Work Address \_\_\_\_\_

Telephone \_\_\_\_\_ cell ( ) home ( ) work ( )

Email \_\_\_\_\_

Parent/Legal Guardian #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Work Address \_\_\_\_\_

Telephone \_\_\_\_\_ cell ( ) home ( ) work ( )

Email \_\_\_\_\_

Previous day care experience? \_\_\_\_\_ Where? \_\_\_\_\_

Who will be paying for our services? \_\_\_\_\_

We do not exclude children with special needs if we can provide a safe environment. If there are special needs, please let us know and provide an IEP (Individualized Education Plan).

Special needs \_\_\_\_\_

IEP will be coming from (agency and contact name) \_\_\_\_\_

Do you have a home church? \_\_\_\_\_ (Church Name)

7/23/2025

Requested Start Date\_\_\_\_\_

Days/Hours when day care is needed\_\_\_\_\_

**Registration Fees (Choose one) Make check out to MLUMC.**

- \$100 nonrefundable fee for registrations held less than 30 days \_\_\_\_\_
- \$100 plus 50% of the first month's tuition for registrations held longer than 30 days. The 50% fee will be credited to the first month attended. This fee will only be refunded if the registration is canceled 60 days or more before the start date. \_\_\_\_\_
- **IMPORTANT:** If your child does not begin on the start date, the 50% fee portion will pay to hold the spot for one additional month. *This fee will not be credited to the first month's tuition.* After one additional month, the reservation will be canceled with no refund. Your signature below indicates your acceptance of this agreement.

Signature of Parent or Guardian\_\_\_\_\_Date\_\_\_\_\_

Non-discrimination policy:

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

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This section is for center use.

Date enrolled (start date) \_\_\_\_\_ Date deposit received \_\_\_\_\_ Amount \_\_\_\_\_ check # \_\_\_\_\_

Group/Room \_\_\_\_\_ Director's Signature \_\_\_\_\_