



THORNTON TOWNSHIP HIGH SCHOOL DISTRICT 205
BLANCHE FOXWORTHY INFANT CARE CENTER
15001 SOUTH BROADWAY • HARVEY, ILLINOIS • 60426-2272
708-225-4036 • 708-225-4118 • FAX: 708-225-4088



Infant Care Center Application Form

Student _____ Date _____

Street Address _____

City _____ State _____ Zip code _____

Phone _____ Cell phone _____

Age _____ Date of Birth _____ Social Security # _____

School: Thornton Thornridge Thornwood Pace SMA Other

Year in School: Senior Junior Sophomore Freshman Jr. High

School ID # _____ House _____

Counselor _____ Dean _____

Expected Date of Delivery _____

When your child is born, please contact the Infant Care Center to provide us with the following information.

Child's Name _____
First Last

Date of Birth _____ Male _____ Female _____

Child's Social Security Number _____

If your child is born, who currently cares for your child while you are in school?

Do you have a medical card in your name? _____ if yes, write your case
number in the following space _____

TRANSPORTATION:

Bus service is limited to and from the Infant Care Center. Please complete the following Information:

_____ I will need bus service

_____ I will provide my own transportation

Parent or Guardian's Name _____
Print

Parent or Guardian's signature _____ Date _____

Student's Signature _____ Sign _____ Date _____

PLEASE RETURN THIS FORM TO THE INFANT CARE CENTER

**When your baby is born,
please contact the Infant Care Center**

IF YOU HAVE ANY QUESTIONS PLEASE CALL

Ms. M. Colter-225-4036
Colter,Marijane@district205.net

or

Ms. M. Lepore – 225-4118
Lepore,Marykay@district205.net