

THORNTON TOWNSHIP HIGH SCHOOL DISTRICT 205 BLANCHE FOXWORTHY INFANT CARE CENTER 15001 SOUTH BROADWAY • HARVEY, ILLINOIS • 60426-2272



5001 South Broadway • Harvey, Illinois • 60426-22′ 708-225-4036 • 708-225-4118 • Fax: 708-225-4088

Infant Care Center Application

| Student's Name | Date | |
|---|--|--|
| Street Address | | |
| | eZip code | |
| Phone | Cell phone | |
| AgeDate of Birth | Social Security # | |
| School: Thornton Thornridge T | Thornwood Academy for Learning SMA Other | |
| Year in School: Senior Junior | Sophomore Freshman Jr. High Other | |
| School ID # | House | |
| Counselor | Dean | |
| Expected Date of Delivery | | |
| Do you have a medical card in your nam | e? Yes No | |
| If you answered Yes, please write your c | ase number | |
| If you all ready have a child, please fil Child's Name | | |
| First | Last | |
| Fathers' Name First | Last | |
| Date of Birth | Male Female | |
| Child's Social Security Number | | |
| VV/l | | |

Who currently cares for your child while you are in school?

TRANSPORTATION:

| Bus service is limited to and from the Infant Care Center at the following Information: | and your home school. Please complete | |
|---|---------------------------------------|--|
| I will need bus service | | |
| I will provide my own transportation | | |
| WE ARE A FULLY LICENSED DCFS DAYCARE CENTER WITH QUALIFIED STAFF | | |
| Student's Signature | Date | |
| Parent or Guardian's Name | | |
| Parent or Guardian's Name | | |
| Parent or Guardian's signature | Date | |
| Sign | | |
| 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