

Early Learning Center for Research and Practice  
Application for Kindergarten Enrollment

Fill out and return to: UT Early Learning Center -- 1206 White Avenue -- Knoxville, TN 37996-1912

**Schedule**

The regular Kindergarten schedule is from 8:00 a.m. – 2:30 p.m. with early drop off beginning at 7:30. Extended care is available from 2:30p.m. – 5:30p.m.

**Tuition**

Kindergarten tuition is \$600 per month  
Extended Care is \$4.50 per hour with a \$150 monthly maximum  
There is a one time \$200 supplies and materials fee  
If accepted for admission, a \$500 security deposit will be due by April 15

**Applicant**

For School Year Beginning Fall \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M or F Ethnic/Racial Background: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**About Your Child**

Does your child have any special needs? \_\_\_\_\_

Does your child attend therapy of any kind (speech and hearing, occupational, physical, behavioral)?

**Family Information**

Student resides with:

Two Parents    One Parent    Guardian(s)    Stepparent    Grandparent(s)

Parent with Legal Custody:

Joint    Mother    Father

Parent Information:

UT/UTMC Employee    UT Student    Sibling in ELC program

Person Responsible for Tuition Payments: \_\_\_\_\_

Name

## Parents

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

If UT, list department: \_\_\_\_\_

If UT, list department: \_\_\_\_\_

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

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

City, State: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## General Information

How did you find out about the Early Learning Center?

Webpage    Fence Sign    Phone Book    Friend or Relative    Newspaper

Other (please explain): \_\_\_\_\_

Why are you interested in our program? \_\_\_\_\_

\_\_\_\_\_

If you have any changes in information, please e-mail [elc@utk.edu](mailto:elc@utk.edu) or call 865-974-0843.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For ELC Office Use Only

Application Received: \_\_\_\_\_

File in: K\_\_\_\_\_ ELC SIB UTE UTS COM