

Application

Infant | Toddler | Preschool

Child Information

Child's Name: _____ Due Date/Date of Birth: _____ Gender: M F

Address: _____

Ethnic/Racial Background: _____ Resides with: Two Parents One Parent Guardians

Was your child born in the USA? Y N If not, what country? _____

Does your child have any special needs? _____

Does your child receive specialized services or therapy of any kind? (speech, hearing, occupational, physical, behavioral)

The Lilly's Hand fund exists to provide tuition assistance for families of children with disabilities. More information can be provided at enrollment time.

Parent/Guardian Information

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

UT Student: UT/UTMC Employee: Faculty Staff

UT Student: UT/UTMC Employee: Faculty Staff

UT Department: _____

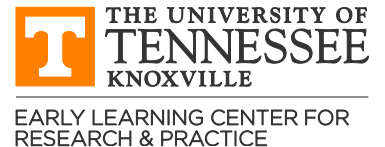
UT Department: _____

General Information

How did you find out about the ELC? _____

Preferred Start Date: _____

\$25 application fee is required. Make checks out to the University of Tennessee.
Drop application and payment off at 2016 Lake Avenue or 1206 White Avenue.
Mail to: 1206 White Avenue, Knoxville, TN 37996



For Office Use Only

ELC

SIB

UTE

UTS

COM

Application Received:

Class:

Entered & Emailed: