

Application

Infant | Toddler | Preschool | Kindergarten

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? _____

If your child has any special needs (identified, diagnosed, or per your perception), or if you have concerns about your child's development, please list them here. _____

Attach additional page if necessary.

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

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

Do you plan to apply for DHS vouchers? Y N

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



EARLY LEARNING CENTER FOR RESEARCH & PRACTICE

For Office Use Only

Application Received:

ELC

Class:

SIB

UTE

Entered & Emailed:

UTS

COM