

# 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

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.*

## Parent/Guardian Information

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

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

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

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

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

UT Department: \_\_\_\_\_ UT Department: \_\_\_\_\_

UT Student:  UT/UTMC Employee: Faculty  Staff  UT Student:  UT/UTMC Employee: Faculty  Staff

## General Information

How did you find out about the ELC? \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

\$25 application fee is required in the form of check or money order. We are not able to accept cash at this time. 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