



Downtown Location
1101 Carter Street
Chattanooga, TN 37402
Phone: 648-1700

East Brainerd Location
1602 Gunbarrel Road
Chattanooga, TN 37421
Phone: 643-4059

APPLICATION FOR CHILD APPLICANT LIST 2010-2011

Student \_\_\_\_\_ DOB / (Due Date): \_\_\_\_\_ Age: \_\_\_\_\_
Child \_\_\_\_\_ Birth Certificate #: \_\_\_\_\_
Father \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Employed by: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Mother \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Employed by: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Parent \_\_\_\_\_ Student Lives With: \_\_\_\_\_
Siblings: Name(s) & Ages: \_\_\_\_\_
School(s) Siblings Attend: \_\_\_\_\_
Location you would like your child to attend: \_\_\_ Downtown \_\_\_ East Brainerd

Has your child ever been evaluated for a suspected delay and/or determined eligible for special services or therapies?

[ ] Yes [ ] No Explain: \_\_\_\_\_

Does your child have special health or medical needs? [ ] Yes [ ] No Explain: \_\_\_\_\_

Date you would like for your child to begin our program: \_\_\_\_\_

Amount of time you wish for your child to attend: (please circle) Part-time Full-time Flexible

If you would like to request specific days, please circle: M T W Th F

(Parent or Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

For Office Use Only: Date Application Received: \_\_\_\_\_ Follow-Up Date: \_\_\_\_\_
Type of Application: \_\_\_ Regular \_\_\_ Transfer \_\_\_ Sibling \_\_\_ Employee