

EARLY LEARNING CAMPUS

ENROLLMENT FORM (Circle One): FALL / SPRING / SUMMER

Year: _____

Child's Name (First, Last) _____

Birth Date _____

Gender (Circle One): BOY/GIRL

CONTACT INFORMATION

Mother/ Legal Guardian

Father/Legal Guardian

Name	First:	Last:	First:	Last:
Home Address				
Work Address				
E-mail Address				
Home Phone Cell Phone Work Phone				

WITH WHOM DOES THE CHILD LIVE? CIRCLE ALL THAT APPLY:

MOTHER / FATHER / BOTH PARENTS/ GUARDIAN / MOTHER and STEPFATHER / FATHER and STEPMOTHER / OTHER FAMILY ARRANGMENT

PLEASE NOTE IF PARENTS ARE: SEPARATED / DIVORCED / OR IF EITHER IS DECEASED / NOT APPLICABLE

WHO HAS LEGAL CUSTODY OF THE CHILD? _____ (Please supply a copy of any applicable court documents for visitation)

BACKGROUND INFO: TELL US ABOUT YOURSELF AND YOUR RELATIONSHIP TO THE UNIVERSITY:

(CIRCLE ONE *PRIMARY* RELATIONSHIP): STAFF / FACULTY / STUDENT 10
 10 Month Position _____ Year Round Position _____

HOW MANY WAGE EARNERS ARE IN YOUR HOUSEHOLD? (PLEASE CIRCLE) 1 2 3

IS YOUR CHILD PRESENTLY IN A PRESCHOOL AND/OR CHILD CARE? YES / NO

IS OR HAS YOUR CHILD BEEN INVOLVED IN FIRST STEPS? YES / NO

IS OR HAS YOUR CHILD RECEIVED ANY KIND OF INTERVENTION SERVICES? YES / NO

IF 'YES', WHAT TYPE OF SERVICES (CIRCLE ALL THAT APPLY): OT / PT/ SLP / DEVELOPMENTAL/ OTHER _____

DOES YOUR CHILD HAVE AN IFSP OR IEP? YES/ NO

WHAT LANGUAGE IS SPOKEN IN THE HOME? _____

HOW MANY SIBLINGS DOES YOUR CHILD HAVE?

NAME _____ AGE _____ ENROLLED IN ELC? _____

NAME _____ AGE _____ ENROLLED IN ELC? _____

NAME _____ AGE _____ ENROLLED IN ELC? _____

MEDICAL INFORMATION ON YOUR CHILD

DOES YOUR CHILD HAVE ANY ALLERGIES? YES / NO IF YES, WHAT ALLERGIES? _____

YOUR CHILD'S DOCTOR _____

PHONE NUMBER _____

DOES YOUR CHILD HAVE ANY LIMITATIONS REGARDING PARTICIPATION IN THE DAILY PRESCHOOL PROGRAM? YES / NO

IF YES, PLEASE EXPLAIN _____

IS YOUR CHILD TOILET TRAINED? YES / NO

DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS? YES / NO

CARE IS OFFERED MONDAY THROUGH FRIDAY. WE NO LONGER OFFER PART TIME CARE. TO COMPLETE THE APPLICATION PROCESS, A \$50 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS FORM. MAKE CHECKS PAYABLE TO: THE UNIVERSITY OF LOUISVILLE. PLEASE WRITE: EARLY LEARNING CAMPUS & *YOUR CHILD'S NAME* ON THE MEMO LINE OF THE CHECK.