

EARLY LEARNING CAMPUS

ENROLLMENT FORM

for Fall / Spring / Summer _____

(CIRCLE ONE)

(year)

Start date: _____ (for office use only)

CHILD'S NAME _____ BIRTHDATE _____ BOY / GIRL

NAME OF PARENT / FAMILY / GUARDIAN _____

CONTACT INFORMATION

	CAREGIVER I	CAREGIVER II
HOME ADDRESS		
WORK ADDRESS		
EMAIL ADDRESS		
HOME PHONE CELL PHONE WORK PHONE		

WITH WHOM DOES THE CHILD LIVE? CIRCLE ALL THAT APPLY MOTHER / FATHER / BOTH PARENTS / GUARDIAN /

MOTHER & STEPFATHER / FATHER & STEP MOTHER / OTHER FAMILY ARRANGEMENT

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

WHO HAS LEGAL CUSTODY OF THE CHILD? _____

APPLYING FOR: (indicate weekly schedule)

- 5 DAY FULL DAY PRESCHOOL PROGRAM; INCLUDES EARLY MORNING CARE + EXTENDED DAY PROGRAM: 7AM-6PM
- 3 DAY FULL DAY PROGRAM; INCLUDES EARLY MORNING CARE + EXTENDED DAY PROGRAM: M-W-F 7AM-6PM
- 2 DAY FULL DAY PROGRAM; INCLUDES EARLY MORNING CARE + EXTENDED DAY PROGRAM: T-TH 7AM-6PM

- 5 DAY MORNING PRESCHOOL PROGRAM + LUNCH: 8:30AM-12:30PM
- 3 DAY MORNING PRESCHOOL PROGRAM + LUNCH: 8:30AM-12:30PM
- 2 DAY MORNING PRESCHOOL PROGRAM + LUNCH: 8:30AM-12:30

EXTENDED DAY OPPORTUNITY

- EARLY MORNING: 7-8:30

BACKGROUND INFO: TELL US ABOUT YOURSELF AND YOUR CHILD

YOUR RELATIONSHIP TO THE UNIVERSITY (CIRCLE *PRIMARY* RELATIONSHIP): STAFF / FACULTY / STUDENT

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 TYPE 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 _____
NAME _____ AGE _____
NAME _____ AGE _____

MEDICAL INFO 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

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