

Hand In Hand Early Learning Program Application Form

Today's Date: _____

Child's Name _____ Male Female

Date of Birth _____ (For families expecting, enter your "due date")

Parent(s)/Guardian(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Mother's Work Phone _____ Cell Phone _____

Father's Work Phone _____ Cell Phone _____

Referred by _____

Other Siblings in Program (list names)

Placement preferred Full Time Part Time M/W/F Part Time T/Th First Available

Earliest date that your child will need placement at Hand In Hand: _____

Does your child have any special needs*? Yes No

If yes, please explain

*To complete the application process, HIH Special Education Coordinator will contact you to meet to obtain additional information that will assist in determining whether your child's needs can best be met in our inclusive environment.

Is your child currently participating in an early intervention program, and if yes, where?

Yes No _____

Limited scholarships are available to children with special needs. If your child has special needs and you are interested in obtaining more information regarding tuition assistance, please indicate below:

Yes No

Please return with a \$30.00 non-refundable application fee to: *Hand in Hand Early Learning Center
Attn: Debbie Williams
100 Oslo Circle
Birmingham, AL 35211*

RECEIPT OF APPLICATION AND FEE DOES NOT ENSURE A SLOT AT YOUR REQUEST. YOU WILL BE CALLED UPON AVAILABILITY.

Office Use Only

Date Received _____

Application fee received \$ _____ Check Number _____ Cash _____ Revised 2/2004