



APPLICATION FOR CHILD APPLICANT LIST 2021-2022

Child #1 Name: _____ DOB / (Due Date): _____ Gender: M or F

Child #2 Name: _____ DOB / (Due Date): _____ Gender: M or F

Mother's Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Marital Status: _____ Student Lives With: _____

Siblings: Name(s) & Ages: _____

School(s) Siblings Attend: _____

How did you hear about our program? _____

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: _____

Does your child display any challenging behaviors or behaviors that concern you? Yes No Explain: _____

Does your child currently see a provider in the Siskin Developmental Pediatric Center and/or Siskin Home and Community-Based Program? Yes No

If yes, what is the service? _____ Who is the provider? _____

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

Days you wish for your child to attend: Parttime (2 days, T, Th) Parttime (3 days, M W F)

Full-time Flexible

PLEASE NOTE: *Part time option may be available for infants and young toddlers but priority is given to full-time.*

(Parent or Guardian Signature)

(Date)

***Submission of an application places your child on our applicant list. This application does not guarantee placement. Placement occurs upon availability in which your family will be notified by Early Learning Center Administrative Staff.**

***We accept applications from families that are expecting or that have children ages 6 weeks-5 years**

For Office Use Only: Date Application Received: _____ Follow-Up Date: _____ Added to Spreadsheet: _____
Type of Application: Regular Transfer Sibling Employee Tour: _____

*Submit application to catherine.crain@siskin.org or mail to 1101 Carter Street Chattanooga, TN 37402