



## 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 [ashley.crocker@siskin.org](mailto:ashley.crocker@siskin.org) or mail to 1101 Carter Street Chattanooga, TN 37402