



Meeting Street

The Early Learning Center

Admissions Application

Application for Admission

Please indicate grade for which you are applying:

- | | | |
|---|------------------------------------|------------------------------------|
| Infants (6 weeks – 12 months) | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| Waddlers (13 – 24 months) | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| Toddlers (25 months – 36 months) | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| Preschool (3 – 4 years) | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| Pre-K (4 – 5 years; year before Kindergarten) | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |

What is your preferred start date? _____

Child/Student's Name: _____
(Last) (First) (Middle) (Nickname)

Address: _____
(Street) (City) (State) (Zip)

Home Telephone: _____ Date of Birth: _____

Applicant lives with: Both parents Mother Father Other _____

Applicant Gender: Female Male

Family Information

Parent/Guardian's Name: _____ Relationship _____

Address: _____
(If different from Applicant) (Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Email Address: _____

Parent/Guardian's Name: _____ Relationship _____

Address: _____
(If different from Applicant) (Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Email Address: _____

Applicant's Name: _____

Student Applicant's Educational History

Previous childcare: _____ Years attended: _____

Dates: _____ Telephone: _____

Address: _____
(Street) (City) (State) (Zip)

Childcare Contact: Name: _____ **Position:** _____ **Phone** _____

Additional Applicant Information

Student's Special Interests: (Optional) _____

Any other information we should know about your child: _____

Evaluations

If your child has seen a physician or other professional for an evaluation in any of the following areas, please check below the most appropriate description and forward a copy of the evaluation to Meeting Street.

- Speech/ Language Development
- Emotional/Behavioral Development
- Educational Evaluation
- Vision impairment or Difficulties
- Neuro/Psychological Evaluation
- Physical Development
- Audiology

Special Education Services

Early Intervention Early Intervention Provider: _____
 Individual Education Plan School District: _____

Are there any areas of concern related to child's development or education that you wish to address or discuss?
If so, please elaborate: _____

Meeting Street does not discriminate and no question in this application is used for the purpose of limiting or excusing applicant's consideration for enrollment on a basis prohibited by local, state, or federal law.

Applicant's Name: _____

Ethnicity (Optional)

- African American American Indian/Alaskan Native Asian/Pacific Islander
 Caucasian Latino/Hispanic Multi-racial
 Other _____

What other childcare programs are you considering?

- 1) _____
2) _____
3) _____
4) _____

As part of the application process, we encourage you to participate in an interview and have your child spend some time in their prospective classroom. A manager will be contacting you shortly with more details.

Authorization:

I submit that the above information is accurate. I give Meeting Street the right to contact the applicant's pre-school or school districts in regards to my child's educational record, including Individual Education Plans (IEP) and Transcripts.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)