



Application for Enrollment

Child's Full Name _____
First Last MI Suffix

Child's Social Security # _____ - _____ - _____ Child's Date of Birth ____ - ____ - ____

Male Female

American Indian/Alaskan Asian/Pacific Islander Black (not Hispanic) White (not Hispanic) Hispanic Other _____

Premature Low Birth Weight Multiple birth

Child's Residence _____
Street City State Zip

Language Used at Home English Spanish Other _____

Language preferred _____

LEA(Zoned School System) _____

Mother _____
First Last

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Occupation _____ Employer _____

Employer Address _____

Scheduled Work Days/Hours _____

Highest Level of Education Jr. High H.S. AA/AS BA/BS MA/MS EdD
 PhD MD

Mother's Date of Birth ____ - ____ - ____

Father _____
First Last

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Occupation _____ Employer _____

Employer Address _____

Scheduled Work Days/Hours _____

Highest Level of Education Jr. High H.S. or GED Associate Degree BA/BS
 MA/MS EdD PhD MD JD

Father's Date of Birth ____ - ____ - ____

Household Members Names & Relationships to Child

Emergency Contacts other than parent

Name _____ Phone Number _____

Name _____ Phone Number _____

Parent Restriction of Rights? Father is restricted Mother is restricted

If there is a protective custody order, a copy is needed for child's file

DCS Foster Parent(s) Name _____ Phone _____

Address _____
Street City State Zip

Primary Medical Insurance _____
Name of Company Plan Type

Insurance Co Address _____

ID Number _____ Group Number _____

Phone Number _____

Annual Household Income less than \$29,000 \$29,001-\$45,000
 \$45,001-\$75,000 \$ over \$75,000 (information required for United Way reporting/names are not included in any reports)

Is there a family history of medical, mental health, or other developmental problems? If so, please describe.

Child's Primary Care Physician _____ Phone _____

Address _____

Child's medication history (previous 6 months) _____

Date of Application _____

** A \$25 application fee is required for all applicants. Please include check with application & mail to 711 Jefferson Avenue, Memphis TN 38105.