## **Hand In Hand Early Learning Program Application Form**

Today's Date:				
Child's Name			□ Male	□ Female
Date of Birth (For f	families expec	ting, enter your "due d	ate")	
Parent(s)/Guardian(s)				
Address				
City	State	Zip		
Home Phone	Emai	l Address		
Parent/Guardian Work Phone		Cell Phone		
Parent/Guardian Work Phone		Cell Phone		
Referred by				
Other Siblings in Program (list names) _				
Placement preferred   Full Time   Pa	art Time M/W	<mark>//F</mark> □ <u>Part Time T/T</u> h	n □ First Ava	<u>ıilable</u>
Earliest date that your child will need pl	lacement at H	and In Hand:		
Does your child have any special needs*	? □ Yes	□ No		
If yes, please explain				
• /1				
*To complete the application process, HIH Institute that will assist in determining whether your child				nal information
Is your child currently participating in a	an early interv	vention program, and if	f yes, where?	
Limited scholarships are available to chi are interested in obtaining more informa Ves No	_	•	_	•
Please return with a \$50.00 non- refunda	ble application	n fee to: Hand In Hand Attn: ELP Adn 100 Oslo Circle Birmingham, Al	nissions	g Program
RECEIPT OF APPLICATION AND FEE DOES	<u>S NOT</u> ENSURE			L BE CALLED
Office Use Only Date Received				
Application fee received \$ Check	Number	Cash		Revised 4/2021