

# Hand In Hand Early Learning Program Application Form

Today's Date: \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ (For families expecting, enter your "due date")

Parent/Guardian \_\_\_\_\_ Preferred method of contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Preferred method of contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred by \_\_\_\_\_

Other Siblings in Program (list names) \_\_\_\_\_

Placement preferred  Full Time  Part Time M/W/F  Part Time T/Th  First Available

Earliest date that your child will need placement at Hand In Hand: \_\_\_\_\_

Does your child have any special needs\*?  Yes  No

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

\*To complete the application process, HIH Instructional Specialist will contact you to meet to obtain additional information that will assist in determining whether your child's needs can best be met in our inclusive environment.

Is your child currently participating in an early intervention program, and if yes, where?

Yes  No \_\_\_\_\_

Limited scholarships are available to children with special needs. If your child has special needs and you are interested in obtaining more information regarding tuition assistance, please indicate below:

Yes  No

*Please return with a \$50.00 non-refundable application fee to: Hand In Hand Early Learning Program  
Attn: ELP Admissions  
100 Oslo Circle  
Birmingham, AL 35211*

RECEIPT OF APPLICATION AND FEE DOES NOT ENSURE A SLOT AT YOUR REQUEST.  
YOU WILL BE CONTACTED UPON AVAILABILITY.

Office Use Only

Date Received \_\_\_\_\_

Application fee received \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_

Revised 4/2021