



Child Language Center – Wings on Words School Application 2024-2025

Date application completed:	Parent/Guardian name:														
Child's Name:	Parent/Guardian phone #:														
Child's DOB:	Email address:														
Postal address:	Parent/Guardian name:														
City/State: Zip:	Parent/Guardian phone #:														
Neighborhood elementary school/school district:	Email address:														
My child has an IEP: Y/N															
Enroll my child in _____ Toddler/ _____ Preschool Program: _____ Half day program 8:30-12:00 _____ Full day program 8:30-3:30 _____ Speech Therapy (as recommended) _____ 5-days week OR _____ 4-days week _____ Before Care (7:30-8:30) _____ After Care (3:30-4:30)	Please check if you qualify for or wish to apply for one of the following tuition assistance or discount programs: _____ Scholarship assistance _____ DES Childcare assistance _____ Public Service Discount of 10% <i>(government, military and school district employees, full time college students; 1st responders)</i>														
For office use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><i>Date fees paid:</i></td> <td style="width: 50%; padding: 5px;"><i>Received by:</i></td> </tr> <tr> <td style="padding: 5px;"><i>Tuition plan entered in SC:</i></td> <td style="padding: 5px;"><i>Method of Payment:</i> Smartcare_____ PayPal_____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><i>Check/Check #:</i> _____</td> </tr> <tr> <td style="padding: 5px;"><i>Email verification & key tag issued date:</i> _____</td> <td style="padding: 5px;"><i>Assessment scheduled for:</i></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><i>Class visit scheduled for:</i></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><i>Enrollment docs – date received:</i> _____ Complete? Y / N</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><i>External agency docs – date(s) received:</i> _____/_____</td> </tr> </table>	<i>Date fees paid:</i>	<i>Received by:</i>	<i>Tuition plan entered in SC:</i>	<i>Method of Payment:</i> Smartcare_____ PayPal_____		<i>Check/Check #:</i> _____	<i>Email verification & key tag issued date:</i> _____	<i>Assessment scheduled for:</i>		<i>Class visit scheduled for:</i>		<i>Enrollment docs – date received:</i> _____ Complete? Y / N		<i>External agency docs – date(s) received:</i> _____/_____	To enroll in Preschool your child must be a minimum of 3 years-old when the school-year begins and independently toileting. To enroll in the Dove/Wren/Finch Toddler program , your child must be at least 24-months of age and can be in a diaper, pull-up, or in need of toileting assistance. There is a non-refundable application fee of \$125 for enrollment annually and must be paid upon submission of this application to reserve your child's place. There is a non-refundable speech-language assessment fee of \$200 upon application, if your child has not previously been evaluated within the last 6 months. Upon receipt of this form and your application fee, we will contact you to start the pre-enrollment process.
<i>Date fees paid:</i>	<i>Received by:</i>														
<i>Tuition plan entered in SC:</i>	<i>Method of Payment:</i> Smartcare_____ PayPal_____														
	<i>Check/Check #:</i> _____														
<i>Email verification & key tag issued date:</i> _____	<i>Assessment scheduled for:</i>														
	<i>Class visit scheduled for:</i>														
	<i>Enrollment docs – date received:</i> _____ Complete? Y / N														
	<i>External agency docs – date(s) received:</i> _____/_____														

Return this form and applicable fees to: 202 E. Speedway, Tucson, AZ 85705 or email to info@clctucson.org
OR Fax: 520-624-2947