



Child Language Center – Wings on Words School Application 2021-2022

Date application completed:	Parent's name:														
Child's Name:	Parent's phone #:														
Child's DOB:	Email address:														
Postal address:	Parent's name:														
City/State:	Parent's phone #:														
Zip:															
Neighborhood elementary school/school district:	Email address:														
My child has an IEP: Y/N															
<p>Enroll my ____ Toddler/ ____ Preschool child in:</p> <p>____ Half day program 8:30-12:00</p> <p>____ Full day program 8:30-3:30</p> <p>____ Speech Therapy (as recommended)</p> <p>____ 5 days week OR ____ 4 day week</p> <p>____ Before Care (7:30-8:30)</p> <p>____ After Care (3:30-4:30)</p>	<p>To enroll in preschool your child must be a minimum of 3 years-old when the school-year begins</p> <p>To enroll in the toddler program, your child must be at least 24-months of age.</p> <p>There is a non-refundable application fee of \$100 for new enrollment; \$50 for continuing enrollment</p> <p>There is a non-refundable speech-language assessment fee of \$100 upon application.</p> <p>Upon receipt of this form and your application fee, we will contact you to schedule a pre-enrollment assessment.</p>														
For office use only															
<table border="1"> <tr> <td><i>Date fees paid:</i></td> <td><i>Received by:</i></td> </tr> <tr> <td><i>Tuition plan entered in SC:</i></td> <td><i>Method of Payment:</i> Smartcare_____ PayPal_____</td> </tr> <tr> <td><i>Email verification & key tag issued date:</i></td> <td><i>Check/Check #:</i> _____</td> </tr> <tr> <td></td> <td><i>Assessment scheduled for:</i></td> </tr> <tr> <td></td> <td><i>Class visit scheduled for:</i></td> </tr> <tr> <td></td> <td><i>Enrollment docs – date received:</i> _____ <i>Complete?: Y / N</i></td> </tr> <tr> <td></td> <td><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>Email verification & key tag issued date:</i>	<i>Check/Check #:</i> _____		<i>Assessment scheduled for:</i>		<i>Class visit scheduled for:</i>		<i>Enrollment docs – date received:</i> _____ <i>Complete?: Y / N</i>		<i>External agency docs – date(s) received:</i> _____/_____	<p>Please check if you qualify for or wish to apply for one of the following tuition assistance or discount programs:</p> <p>____ Scholarship assistance</p> <p>____ DES Childcare assistance</p> <p>____ Public Service Discount of 10% (government, military and school district employees, full time college students; 1st responders)</p>
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Return this form and applicable fees to: 202 E. Speedway, Tucson, AZ 85705 or email to notify@clctucson.org