



Application for the TCJA SMALL WORLD LEARNING CENTER

1120 Road 40 Pasco, WA 99301 509-380-5600

For Official Use Only

Date _____ accepted denied

Registration papers will need to be filled out after the acceptance of your application.

Today's Date _____

Estimated Start Date at SWLC _____

PARENT/GUARDIAN FULL LEGAL NAME (last, first, middle)				ADDRESS (street, city, state, zip)				PRIMARY PHONE #									
Father																	
Mother																	
EMAIL				EMPLOYER				OCCUPATION				WORK HOURS					
Father																	
Mother																	
FULL LEGAL NAMES OF ALL APPLICABLE CHILDREN (last, first, middle)				SEX	BIRTHDATE (mm/dd/yyyy)	AGE (yr/mo)	CITY, STATE OF BIRTH				AGE GROUP / PROGRAM						
CHILD: _____ DAYCARE HOURS NEEDED:						Child's special needs/abilities						Goals for your child					
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Programs/IEP:											
Arrive																	
Leave																	
CHILD: _____ DAYCARE HOURS NEEDED:						Child's special needs/abilities						Goals for your child					
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Programs/IEP:											
Arrive																	
Leave																	
CHILD: _____ DAYCARE HOURS NEEDED:						Child's special needs/abilities						Goals for your child					
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Programs/IEP:											
Arrive																	
Leave																	
What aspects of the program at the Small World Learning Center are you most looking forward to?												<input type="checkbox"/> Private Pay <input type="checkbox"/> State Pay <input type="checkbox"/> Include Copy of Letter of Eligibility					