



Chattahoochee Early Learning Academy, Inc.
Application for Admission 2023-24

Date received: ____/____/2023

**Need financial aid or a scholarship?
See back of this application**

(Note: Child must be age 3 or 4 by Sept. 1st, and must be potty-trained and out of diapers.)

Which program are you applying to? ___ M-F (\$300/month) ___ MWF (\$200/month)

Please enclose \$100 deposit with application (to be credited to first month's tuition or refunded if child is not accepted in program.)

Child's name _____ Gender _____ Date of birth _____

Home address _____ Home phone number _____

Allergies & reactions _____ Other health concerns? _____

What medications does the child take? _____

Other people in household (brother, sister, grandparent, etc.)

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Father's name _____ Email _____

Home address if different than child's _____

Home phone _____ Cell phone _____ Work phone _____

Mother's name _____ Email _____

Home address if different than child's _____

Home phone _____ Cell phone _____ Work phone _____

Emergency contact: _____

Anything else we need to know about your child? _____

Please list two other people who have permission to pickup your child:

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

I give permission for my child to be photographed or videotaped, and for photos/videos to be used for advertising purposes.

I also agree to attend parent conferences and parent meetings at least once per semester.

Signature of Parent/Guardian _____ Date: _____

Chattahoochee Early Learning Academy, Inc. (CELA)

Financial Aid – Scholarship Application

(A limited number of scholarships and/or financial aid may be available)

Tuition 2022-2023: \$300.00 per month, September through May, 8:00-12:00

Please complete to help us determine eligibility.

____ I am interested in applying for financial assistance or a scholarship.

(Note: Scholarships are only available for the 5-day/week program.)

How much tuition can you afford to pay each month? \$ _____

Child's Name: _____ Date of Birth: _____

Person completing this application: _____

Address: _____ Contact Number: _____

Email: _____ Employment Status: _____

Gross monthly Income (all sources): \$ _____

Total number of dependents claimed on your income tax: ____ Children (under the age of 18) _____

In 2022, did anyone in your household receive: (Check all that apply.)

Medicaid Free or Reduced Price School Lunch Supplemental Security Income (SSI) Temporary Assistance for Needy Families (TANF) Supplemental Nutrition Assistance Program (SNAP) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

Chattahoochee Early Learning Academy, Inc. - P.O. Box 725 - West Point, GA 31833

OR email your application to ChattChild@gmail.com

Questions? Call Ms. Anne O'Brien @ 706-518-9756 (cell).

CELA Action:

Amount awarded: _____ Date: _____ Previous awards: _____ Date: _____

Please include with application

____ 2022 Income tax form

____ 3 recent pay stubs to verify my/our income