



# Meeting Street

## **The Early Learning Center**

1000 Eddy Street  
Providence, RI 02905

### **Admissions Application**



## Application for Admission

Please indicate grade for which you are applying:

- ☐ Infants (6 weeks – 12 months)
- ☐ Toddlers (13 months – 36 months)
- ☐ Preschool (3 – 4 years)
- ☐ Pre-K (4 – 5 years; year before Kindergarten)

**What is your preferred start date?** \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant lives with: \_\_\_\_\_

Applicant Gender: ☐ Female ☐ Male ☐ Nonbinary ☐ Other: \_\_\_\_\_

### Ethnicity (Optional)

☐ Hispanic/Latino ☐ Non-Hispanic/Latino

### Race (Optional)

☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Hawaiian/Pacific Islander  
☐ White ☐ Multi-racial ☐ Other \_\_\_\_\_

Meeting Street does not discriminate and no question in this application is used for the purpose of limiting or excusing applicant's consideration for enrollment on a basis prohibited by local, state, or federal law.

**Languages Spoken in the Home (Optional):** \_\_\_\_\_

**Do you receive childcare assistance?** ☐ Yes ☐ No



### Family Information

**Guardian's Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

(If different from Applicant) (Street) (City) (State)  
(Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

(If different from Applicant) (Street) (City) (State)  
(Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Student Applicant's Educational History

Previous childcare: \_\_\_\_\_ Years attended: \_\_\_\_\_

Dates: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

**Childcare Contact: Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Phone** \_\_\_\_\_

### Additional Applicant Information

Student's Special Interests: (Optional) \_\_\_\_\_

Any other information we should know about your child: \_\_\_\_\_



### Evaluations

If your child has seen a physician or other professional for an evaluation in any of the following areas, please check below the most appropriate description and forward a copy of the evaluation to Meeting Street.

☐ Speech/ Language Development

☐ Neuro/Psychological Evaluation

☐ Emotional/Behavioral Development

☐ Physical Development

☐ Educational Evaluation

☐ Audiology

☐ Vision impairment or Difficulties

### Special Education Services

☐ Early Intervention

Early Intervention Provider: \_\_\_\_\_

☐ Individual Education Plan

School District: \_\_\_\_\_

Are there any areas of concern related to child's development or education that you wish to address or discuss? If so, please elaborate:

---

---

---

---

What other childcare programs are you considering?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**As part of the application process, we encourage you to participate in an interview and have your child spend some time in their prospective classroom. A manager will be contacting you shortly with more details.**

### Authorization:

I submit that the above information is accurate. I give Meeting Street the right to contact the applicant's pre-school or school districts in regard to my child's educational record, including Individual Education Plans (IEP) and Transcripts.



(Parent/Guardian Signature)

(Date)

---

(Parent/Guardian Signature)

---

(Date)