

I prefer to enroll my child at:  
\_\_\_\_\_ Battle Academy Site  
\_\_\_\_\_ Brown Academy Site  
\_\_\_\_\_ First Available

<i>FOR CENTER USE ONLY:</i> Date Received: _____ Application Fee: _____ Receipt #: _____ Received By: _____
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## UTC Children's Center

Application for Admission

Parent/Guardian Name: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell Phone: Name \_\_\_\_\_ # \_\_\_\_\_ Name \_\_\_\_\_ # \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate/Due Date: \_\_\_\_\_

Requested start date: \_\_\_\_\_

Parent/Guardian is:

- \_\_\_\_\_ Parent/Parents serves on active duty in military
- \_\_\_\_\_ Full-time UTC Faculty, Staff, Student\*
- \_\_\_\_\_ Full-time Brown/Battle Faculty, Staff\*
- \_\_\_\_\_ Attendance Zone of Brown/Battle
- \_\_\_\_\_ Part-time UTC Faculty, Staff, Student\*
- \_\_\_\_\_ Part-time Brown/Battle Faculty, Staff\*
- \_\_\_\_\_ UTC Alumni
- \_\_\_\_\_ Downtown Employee
- \_\_\_\_\_ Other

Enrollment is desired for:  
\_\_\_\_\_ Full-time (Monday-Friday)  
\_\_\_\_\_ Part-time (MWF or T Th)

\*Department or Grade and School  
in which parent is employed:  
\_\_\_\_\_

Enclosed is a \$25.00 non-refundable application fee.

I understand this application indicates my interest in the center and does not guarantee enrollment.

\_\_\_\_\_  
Signature

**PLEASE RETURN COMPLETED FORM AND APPLICATION FEE TO:**

*UTC Children's Center  
615 McCallie Avenue, Department 6656  
Chattanooga, Tennessee 37403  
Phone: Fax: 423.498.6873  
Cindy Hornsby, Coordinator*

Our hours of operation are 7:30-5:30 Monday through Friday.

*Children's Center Use Only:*

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