



Thompson Integrated Early Childhood Program
407 East 42nd Street
Loveland, CO 80537
(970) 613-5761

Tuition Paying Program Application

DATE _____

CHILD'S NAME _____ Date of Birth ____/____/____
(First) (Middle) (Last)

NICKNAME _____ Gender : MALE FEMALE

ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

Email Address: _____

HOME PHONE _____ CELL PHONE _____ Email _____

Child Lives With Both Parents Mother Only Father Only Foster Parents Legal Guardians
(check one) Mother/Stepfather Father/Stepmother Shared Custody Relatives

What is the Child's Primary Language? _____

MOTHER'S NAME _____

FATHER'S NAME _____

Who provides childcare for this child when he/she is not in preschool?

Previous preschools or day cares your child has attended:

Does your child have a current/active IEP IFSP Private Therapy None

Please check the site/s you are interested in: Berthoud El Berthoud/Turner Carrie Martin
 Centennial Cottonwood Plains Coyote Ridge Edmondson Lincoln
 Monroe Ponderosa Sarah Milner Stansberry Winona