

**Early Childhood Education Center**

* **All forms listed below must be completed and returned:**
* Application for Enrollment
* Registration Form
* 121 Immunization Form
* Proof of Guardianship (Birth certificate)
* One parent must be a full time student
* If we are unable to reach you when a space becomes available we will contact the next person on the list. Please update phone numbers with us as we have no other way to contact you!
* Once you are notified that a space is available, you will be required to pay for the first week of the next semester (this payment is non- refundable) and bring a copy of your schedule to the childcare center.

**Acceptance will be determined by date and time application is received.**

**Space is limited.**

***HOURS OF OPERATION:*** 7:30 A.M. TO 3:15 P.M.

***COST FOR CHILDCARE:*** $75 PER WEEK PER CHILD



**Early Childhood Education Center**

**Registration Form**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date:**\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Age:** \_\_\_\_\_\_\_ 1 year old \_\_\_\_\_\_\_\_2 year old \_\_\_\_\_\_\_\_3 year old \_\_\_\_\_\_\_4 year old

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student M** #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother is:** \_\_\_\_Full-Time Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Not a Student

(Academic or Program Major)

**Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Place of Employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father is:** \_\_\_\_Full-Time Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Not a Student

(Academic or Program Major)

**Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Place of Employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***For office use only:***

\_\_\_\_121 Immunization Form \_\_\_\_\_Complete Application

Date of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_