

APPLICATION

(Please complete the following information. Print using a ballpoint pen. Return completed forms to the ECC.)

Child Information	-	Gender: ☐ Male ☐ Female
Full Name:		Date of Birth:
☐ Home Language(s)		□ Allergies/Special Diet:
☐ Special Health or Learning Needs:		
Ethnicity: (Please check all that apply) Other (please specify)	☐ Caucasian ☐ African-American	□ Hispanic/Latino □ Asian □ Native American □ Pacific Islander
Parent/Guardian Informa	ttion Child lives wi	h: 🗆 Both Parents 🗆 Parent #1 🗆 Parent #2 🗆 Other
Parent #1 Name:		
Mailing Address:		
Home Phone:	Work Phone:	Cell Phone:
Place of Employment:		Email:
☐ Current SIUE Student	☐ Current SIUE Faculty/Staff	University ID: Other
Parent #2 Name:		
Mailing Address:		
Home Phone:	Work Phone:	Cell Phone:
Place of Employment:		Email:
☐ Current SIUE Student	☐ Current SIUE Faculty/Staff	University ID: Othe
PROGRAM OPTIONS Full Day Morning Only 5 full days (Until 12:30 p.m. 3 full days 5 mornings 2 full days 3 mornings	='	Preferred Days ☐ M ☐ T ☐ W ☐ R ☐ F Desired Enrollment Date:
Fees will be paid by: Personal check or money order Financial aid allocation State subsidized child care program (please specify)		Upon enrollment confirmation, you will be charged a non-refundable registration fee (\$30 for first child; \$15 for each additional child enrolled). Please submit this amount with your Parent School Agreement to secure your child's spot.
Signature of Parent/Guardian:		Date:
currently enrolled students and sibling. Applications are then organized by dat are structured to support appropriate of list at birth. ECC applications are revie year prior to the summer semester to o	s of currently enrolled children receive higl te received. Children from non-SIUE affilia diversity, gender distribution, and accomm wed and updated yearly, so that we may k confirm you wish to remain on the list. Ple	ty care and education for the children of University families. Children of lest priority on our waiting lists, followed by SIUE and faculty staff families. It ed families are accepted on a limited basis as space is available. Class groups loation for children with special needs. Children may be placed on the waiting seep our waiting list current. You will be mailed a copy of this application each use notify the Early Childhood Center of any changes in contact information. If ager interested, and your child may be removed from the waiting list. Thank you

For Office use only: Date Received ______ Initial _____ Placed _____ Siblings enrolled: \(\subseteq Yes \) \(\subseteq No _____