

## UNI Child Development Center Application for Enrollment

Today's Date \_\_\_\_\_ Intake Person \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Birth / Due Date \_\_\_\_\_

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

Home or Campus Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Campus Zip \_\_\_\_\_

Phone Number (Daytime) \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Please indicate the sessions you wish your child to attend:**

Fall \_\_\_\_\_ Spring \_\_\_\_\_ May \_\_\_\_\_ June \_\_\_\_\_ July \_\_\_\_\_  
(year) (year) (year) (year) (year)

**Please indicate your family's current status (to be verified each semester):**

Student \_\_\_\_\_ Faculty/Staff \_\_\_\_\_ Both \_\_\_\_\_ Neither \_\_\_\_\_  
(ID Number) (ID Number)

Expected Graduation Date \_\_\_\_\_ Are you DHS qualified? \_\_\_\_\_  
(yes/no)

Special Information \_\_\_\_\_

----- *For Office Use Only* -----

Last Contact Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_