

Early Childhood Center



SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
STUDENT AFFAIRS

APPLICATION

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

CHILD INFORMATION

Full Name: _____ Date of Birth: _____ Gender: Male Female

Allergies/Special diet _____ Special Health/or Learning needs _____ Home Language(s) _____

Ethnicity: Please check all that apply

- Caucasian African American Hispanic/Latino Asian Native American Pacific Islander Other (please specify)

PARENT/GUARDIAN INFORMATION

Child lives with: 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: _____ Other

PROGRAM OPTIONS

Full Day

5 Full Days

3 Full Days

2 Full Days

Morning Only (Until 12:30 p.m.)

5 Mornings

3 Mornings

Preferred Days

M T W R F

Desired Enrollment Date: _____

Fees will be paid by:

- Personal check or money order
 Financial Assistance
 IL Child Care AP
 CCAMPIS
 Payroll Deduction

(please specify) _____

Upon enrollment confirmation, you will be required to pay a \$100 deposit to hold your child's place. This fee is non-refundable, but it will be applied to your account balance after the semester begins.

Signature of Parent/Guardian:

Date:

The Early Childhood Center's primary mission is to provide convenient, high quality care and education for the children of University families. Children of currently enrolled students and siblings of currently enrolled children receive highest priority on our waiting lists, followed by SIUE and faculty staff families. Applications are then organized by date received. Children from non-SIUE affiliated families are accepted on a limited basis as space is available. Class groups are structured to support appropriate diversity, gender distribution, and accommodation for children with special needs. Children may be placed on the waiting list at birth. ECC applications are reviewed and updated yearly, so that we may keep our waiting list current. You will be mailed a copy of this application each year prior to the summer semester to confirm you wish to remain on the list. Please notify the Early Childhood Center of any changes in contact information. If we attempt to contact and are unable to reach you, we will assume you are no longer interested, and your child may be removed from the waiting list. Thank you.

For Office use only: Date Received _____ Initial _____ Placed _____ Siblings enrolled: Yes No _____