

UNI Child Development Center Application for Enrollment

Today's Date _____

Child's Name _____ Child's Birth / Due Date _____

Parents' Name _____

Home or Campus Address _____

City/State/Zip _____ Campus Zip _____

Phone Number (Daytime) _____ Alternative Phone Number _____

Please indicate the sessions you wish your child to attend:

Fall _____ (year) Spring _____ (year) May _____ (year)

Summer _____ (year) Evening Program _____ (yes/no)

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

Student _____ (number) Faculty/Staff _____ (number) Both _____

Expected Graduation Date _____

Are you Headstart qualified? _____ (yes/no) Pell Grant qualified? _____ (yes/no)

E-mail Address _____

Special Information _____

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

Last Contact Date: _____

Comments: _____
