

DUE IN OFFICE June 2nd or as soon as possible

**Little's & Middle's Programs**

For children 3mos-24mos & 24mos-36mos and potty training

**UO Moss Street Children's Center  
FALL TERM 2008 Child Care Application**

Return application to: 1685 Moss St, Eugene OR 97403, Phone # 346-4384

\$10.00/family application fee to be paid at time of application submittal for new families; returning families will be billed. Billing will be set up under UO Student/Employee name, when applicable.

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**First Parent (or guardian):**

Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Stud ID # or SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Full or Part time? \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

UO Student: Fulltime \_\_\_; Part time \_\_\_; Undergrad \_\_\_; Grad \_\_\_; GTF \_\_\_; Law \_\_\_; Comm Ed \_\_\_

UO Employee: Faculty \_\_\_; Classified \_\_\_; Post-Doc \_\_\_; AEI \_\_\_

UO Alumni \_\_\_

Non-University Parent \_\_\_

**Second Parent (or guardian):**

Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Stud ID # or SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Full or Part time? \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

UO Student: Full time \_\_\_; Part time \_\_\_; Undergrad \_\_\_; Grad \_\_\_; GTF \_\_\_; Law \_\_\_; Comm Ed \_\_\_

UO Employee: Faculty \_\_\_; Classified \_\_\_; Post-Doc \_\_\_; AEI \_\_\_

UO Alumni \_\_\_

Non-University Parent \_\_\_

Is one of the following entities paying for part of your child care?:

**ASUO Subsidy?** Yes No If so, what Percent?  
**State Assistance** Yes No Who is Your Case Worker? \_\_\_\_\_

International Students: Country \_\_\_\_\_ Do you need a translator? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

(CHILD AND SCHEDULE INFO ON BACK)

**Child Info:** Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Start Date: \_\_\_\_\_ Male / Female

I have applied unsuccessfully for a prior term. \_\_\_\_\_

**Confirmation Information**

Confirmations: UO Student Families by June 30th; Non-UO Student Families by July 31st

**Usual Start Date: September 29th**

**Usual End Date: December 12th (includes finals wk)**

Later, Alternate Start Date: \_\_\_\_\_

Earlier, Alternate End Date: \_\_\_\_\_

Scheduling options:

Daily scheduling options:

Littles, 3-24 months: 7:30-5:45, 7:30-3:00, 7:30-12:30, 12:45-5:45, or 3:15-5:45

Middles, 24-36 months: 7:30-5:45, 7:30-3:00, 7:30-12:30, 12:45-5:45, or 3:00-5:45

A two-day minimum is required for your child's weekly schedule.

	IN	OUT
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

I understand that if space is available and I accept it, I will be **financially responsible** for the above requested schedule unless a written schedule change is submitted and approved. I also understand that if I change my schedule, it will become effective the month following submission of the request and that I am financially responsible for my original schedule request until the change takes effect.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT NOTE: Completed information & authorization forms (I&A) are a prerequisite to enrollment.