

DUE IN OFFICE June 2nd or as soon as possible

Preschool Programs

For children 3yrs and potty trained through 5yrs

**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.

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? **EC CARES** Yes No

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 Care Start Date: September 29th Usual Care End Date: December 12th (includes finals wk)

Later, Alternate Start Date: _____ Earlier, Alternate End Date: _____

Scheduling options:

Daily scheduling options: 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.