

DUE IN OFFICE June 2nd or as soon as possible

School Aged Programs

For children enrolled in Kindergarten through 5th grades

**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?
State Assistance Yes No Who is Your Case Worker? _____

International Students: Country _____ Do you need a translator? _____

How did you hear about us? _____

(SCHEDULE ON BACK)

