Moss Street Spring TERM 2018 Renewal Application
Scheduling for April 2nd – June 15th
Littles / Middles / Preschool Classrooms

DUE by March 7th, or sooner if possible
Term Schedule Change Deadline: Mar 15th

Child’s Name: ___________________________________________ Birthdate: __________

Parent(s) Names(s): __________________________________________________________________

My child is currently in the:

____ CHICKADEE Room    ____ FINCH Room    ____ROBIN Room
____SWALLOW Room        ____QUAIL Room        ____REDWING Room

Please indicate UO affiliation (if any), this information is used to determine eligibility and rates charged:

___ *UO Student: ID# ____________________ Spring Term # of credits: _____

Type of Student: __Undergrad; __Grad; __GTF; __Law; __AEI;

___ UO Employee: Type of Employee: __Faculty; __Staff

REQUESTED SCHEDULE

☐ I want the SAME schedule as Winter Term.

<OR>

<table>
<thead>
<tr>
<th>IN time</th>
<th>OUT time</th>
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<tr>
<td>__Monday</td>
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<td>__Tuesday</td>
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<td>__Wednesday</td>
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<td>__Thursday</td>
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<td>__Friday</td>
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Please choose from these Block Times:
7:30-5:45; 7:30-12:30; 7:30-3:00 or 12:45- 5:45.
(Also: 12:30-3:00 Chickadees only)
Two-day minimum required.

I understand that if space is available, I will be financially responsible for the above requested schedule unless a written schedule change request is submitted and approved by Mar 15th.

Parent Signature_______________________________________________Date__________________

Note: Application & Supply Fees are charged each term; Spring Term’s will be billed in April.

*A UO student at Moss Street is someone who is seeking a degree, taking credits and paying incidental fees.
Littles / Middles / Preschool
JUNE BREAK WEEK-
For Care: June 18 & 19, 2018- Two Days Only

Care for this Monday and Tuesday will be given in combined classrooms by age group. Some staff from each classroom will work these two days. And, some staff may have these days off.

Space is not guaranteed for these two days. Any waitlisted times will be indicated in your email confirmation.

___ *NO* CARE needed

~ OR ~

___ I NEED CARE, I want my child’s schedule to be:

MON, June 18 _________________

TUES, June 19 _______________

OPTIONS: 7:30-12:30, 7:30-3:00, 7:30-5:45 or 12:45-5:45 (& 12:30-3:00 for Chickadees, too).

WED- 6/20, No Care Available, CLOSED

THU- 6/21, No Care Available, CLOSED

FRI- 6/22, No Care Available, CLOSED

I understand that if space is available, I will be financially responsible for the above requested schedule. I can make a change to this schedule by submitting that written request by Sunday, April 15th. After this date no reductions in time will be allowed unless there is a waiting list for that same time block, as our staffing will have been confirmed for their work schedules.

(PRI NT BILLING PARENT’S NAME)

PARENT SIGNATURE _____________________ DATE ____________

Parent Note: If, after the April 15th schedule change deadline, demand for any given time block does not meet our minimum enrollment requirement, we will be unable to offer care for those same times. If this occurs, you will be notified during the first week of June, so you can make other arrangements, as needed.