

**Preschool Classrooms:** for children 3 to 5 years of age

**UO Moss Street Children’s Center  
Academic Year 2018-19 Child Care Application**  
Scheduling for Sept 10<sup>th</sup>, 2018 – June 14<sup>th</sup>, 2019

\*\*\*\*\*

**First Parent (or guardian):** Billing will be set up under UO Student/Employee name, when applicable.

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

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

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ UO ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**During the Academic Year, I will be:** this information is used to determine eligibility and rates charged

UO Student\*: Undergrad \_\_\_; Grad \_\_\_; Law \_\_\_; AEI \_\_\_

Fulltime \_\_\_ or Part time \_\_\_; Dept/Major: \_\_\_\_\_

CEP (UO Community Education Program)

University Employee: \_\_\_ Faculty; \_\_\_ Staff Dept/Prog: \_\_\_\_\_

Non-University Parent

**Second Parent (or guardian):** Not Applicable:

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

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

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ UO ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Fulltime \_\_\_ or Part time \_\_\_; Dept/Major: \_\_\_\_\_

CEP (UO Community Education Program)

University Employee: \_\_\_ Faculty; \_\_\_ Staff Dept/Prog: \_\_\_\_\_

Non-University Parent

\*A UO student at Moss Street is someone who is seeking a degree, taking credits and paying incidental fees.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Confirmations for the start of the new academic year:**

UO Student families by June 30th; UO Employee families by July 15th.

**Scheduling**

The initial schedule you are confirmed for, to start care at Moss Street, will be your schedule through-out the rest of the academic year. Thus, we encourage you to ask for all the hours you may possibly need now, up front, so that you are covered for the subsequent term(s). You will, however, be able to request a schedule change for each up-coming term.

This schedule will be in effect for the entire academic year, which runs Sept 10<sup>th</sup> thru June 14<sup>th</sup>.

Please see our academic calendar for center closure dates and schedule change request info.

Block scheduling options:

7:30-5:45, 7:30-3:00, 7:30-12:30; 12:45-5:45

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

You can choose different blocks of time for different days of the week.

Please note- you pay for all hours within each time block you choose.

	IN time	OUT time
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. I will still have the opportunity to request a change by submitting a written request by the specific schedule change deadline for each term.

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

**\$10.00/family application fee to be paid at time of submittal for new families.**  
Returning families will be billed.



PLEASE COMPLETE THE PART OF THIS FORM (A or B) THAT MAY APPLY TO YOUR FAMILY

**A**

**O**

**MOSS STREET CHILDREN'S CENTER  
UO Student, Staff and Faculty Parents  
AFFIDAVIT OF MARRIAGE**

We, the undersigned, declare that we are legally married to each other and if requested, would be able to provide proof of our marriage.

We certify under penalty of perjury under the laws of the State of Oregon, that the foregoing is true and accurate to the best of our knowledge.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Note:** This affidavit is used for prioritization of access to services at Moss Street and is not related to other UO services or benefits.

**B**

**O**

**MOSS STREET CHILDREN'S CENTER  
UO Student, Staff and Faculty Parents  
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

We, the undersigned, declare that we are domestic partners, and that we:

- 1) Are each eighteen (18) years of age or older;
- 2) Share a close personal relationship and are responsible for each other's common welfare;
- 3) Are each other's sole domestic partner;
- 4) Are not married to anyone nor have had another domestic partner within the prior six months;
- 5) Are not related by blood closer than would bar marriage in the State of Oregon;
- 6) Have jointly shared the same regular and permanent residence for at least six (6) months immediately preceding the date of this affidavit with the intent to continue doing so indefinitely;
- 7) Are jointly financially responsible for basic living expenses defined as the cost of food, shelter, and any other expenses of maintain a household. Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

If requested, we would be able to provide at least two of the following as verification of our joint responsibility (information should be dated to confirm eligibility at time of application):

- a) Joint mortgage, lease or rental agreement.
- b) Designation of the domestic partner as primary beneficiary for a life insurance or retirement contract.
- c) Designation of the domestic partner as primary beneficiary in the employee/student's will.
- d) Durable power of attorney for health care or financial management.
- e) Joint ownership of a motor vehicle, a joint bank account, or joint credit account.
- f) A relationship or cohabitation contract which obligates each of the parties to provide support for the other party.

We certify under penalty of perjury under the laws of the State of Oregon, that the foregoing is true and accurate to the best of our knowledge.

\_\_\_\_\_  
Employee/Student Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Moss Street Children's Center 2018-2019 Calendar

Fall Term	Winter Term	Spring Term																																																																																										
September 2018	January 2019	April 2019																																																																																										
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