DUE BY: March 7th, or sooner if possible  
(Schedule Change Deadline: Mar 15th)

**JAY / MALLARD** After-School Classrooms K-5th grade  
UO Moss Street Children’s Center  
SPRING TERM 2018 Child Care Application  
Scheduling for April 2nd – June 15th, 2018  

Return application to: 1685 Moss St, Eugene OR 97403, Phone # 541-346-4384  
$10.00/family application fee to be paid at time of submittal for new families; returning families will be billed.  
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**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 Spring Term 2018, I will be:** this information is used to determine eligibility and rates charged

☐ UO Student*: Undergrad___;   Grad___;   Law___;   AEI___
     Fulltime___ or Part time___;    List expected Number of Spring Term credits____

☐ CEP (UO Community Education Program)

☐ University Employee: ___Faculty;   ___Staff    Dept/Prog:  ______________________________________
     ___ I am also taking UO classes using my reduced staff rates benefit (no incidental fees being paid)

☐ Non-University Parent

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

Name: ____________________________________________ E-Mail __________________________
Address ____________________________________City _____________________State____Zip________  
Cell # _________________________Home #____________________ UO ID #  _______-______-_______

**During Spring Term 2018, I will be:** this information is used to determine eligibility and rates charged

☐ UO Student*: Undergrad___;   Grad___;   Law___;   AEI___
     Fulltime___ or Part time___;    List expected Number of Spring Term credits____

☐ CEP (UO Community Education Program)

☐ University Employee: ___Faculty;   ___Staff    Dept/Prog:  ______________________________________
     ___ I am also taking UO classes using my reduced staff rates benefit (no incidental fees being paid)

☐ Non-University Parent

*A UO student at Moss Street is someone who is seeking a degree, taking credits and paying incidental fees.
**About 4j district-wide NO-school days:**

During Spring Term, there are three such days: Mon, Apr 2nd; Fri, May 4th & Fri, June 8th.

Children who are usually scheduled for after-school care on any of these days of the week will automatically be signed-up for all-day care.

An email, closer to each date will be sent out as a reminder.

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**Please indicate which days your child will attend Moss Street:**

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday

A twice per week schedule is required.

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**Confirmation for:**

Returning families by Mar 14th; New applicants by Mar 19th.

**Grade Level:**

- [ ] Kinder
- [ ] 1st
- [ ] 2nd
- [ ] 3rd
- [ ] 4th
- [ ] 5th

**Elementary school your child is attending:** __________________________

**Do you need Moss Street to provide transportation services?**

- [ ] Yes
- [ ] No

After-school care scheduling time blocks: 2:30-5:45 each day & 1:15-5:45 on early release Wednesdays. Please note that you pay for all hours within the after-school time block.

This weekly schedule will be in effect for all these 11 weeks of Spring Term, April 2nd – June 15th, 2018.

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I understand that if space is available and I accept it, I will be **financially responsible** for the above requested schedule for all eleven weeks of the term. **Written schedule changes are due by Mar 15th.**

**PARENT SIGNATURE** ____________________________ **DATE** ____________________________

**PARENT NOTE for new children:** Completed Enrollment Forms are needed for all children to start care. Also, an orientation visit and a $75.00 confirmation deposit are pre-requisites to starting enrollment; these items are needed only once a schedule is confirmed for your child. For complete withdrawal a 30-day written notice is required.

**Do You Receive:**

- [ ] ASUO Subsidy?
  - Yes / No
- [ ] DHS/ERDC?
  - Yes / No

If so, what Percent?________

**Name of Case Worker:** ____________________________

**International Students:**

- [ ] Country________________________
- [ ] Do you need a translator?______

**How did you hear about us?** ____________________________
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.

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  

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